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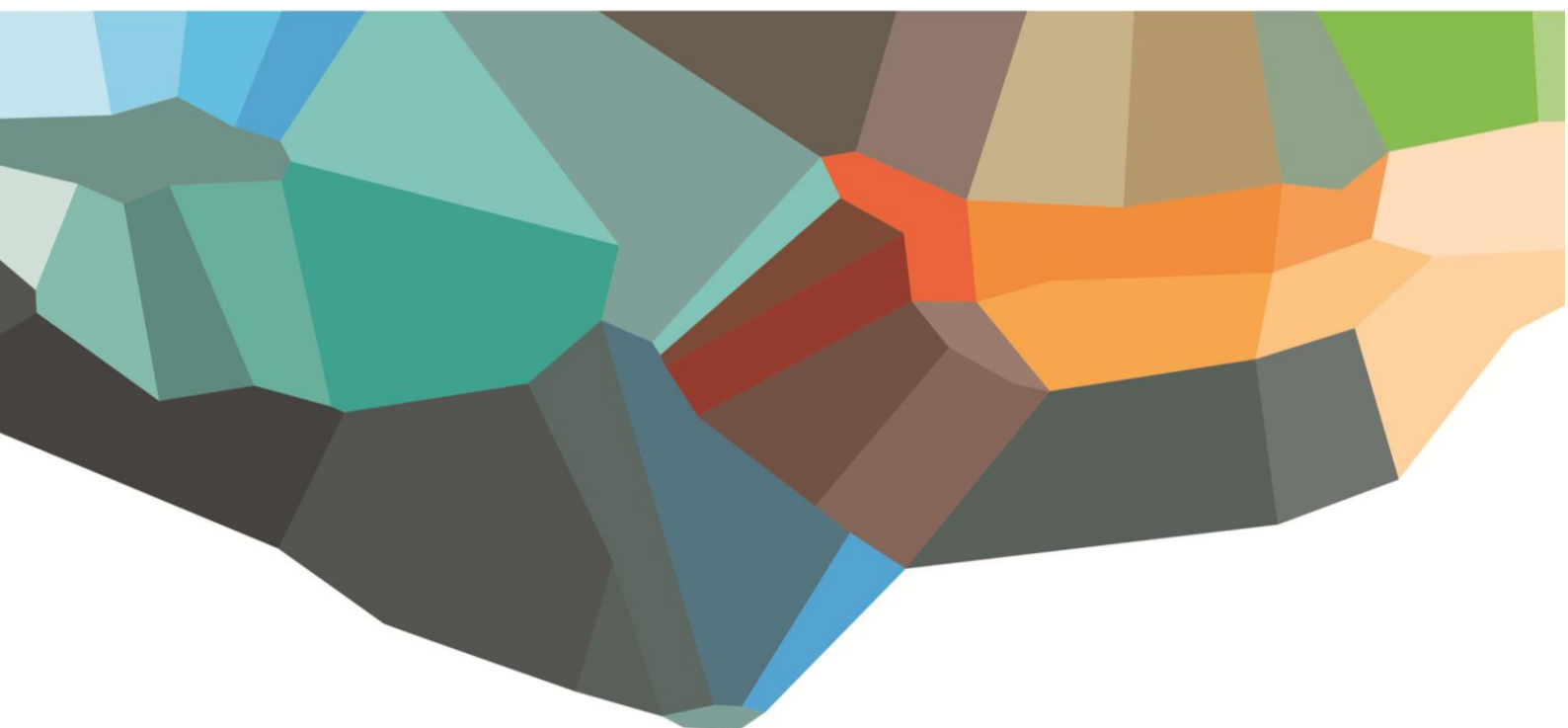
*Stigmatizing attitudes towards families,
bringing up children with mental disorders.*

Comparative Social Study in Russia and Finland

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INDEX

INTRODUCTION.....	4
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CHAPTER I. SURVEY OF LITERATURE

1.1. Notion of social stigmatization of people, having mental disorders.....	6
1.2. Concept of people with mental disorders as of something potentially.....	9
dangerous and undesirable. Factors of formation.	
1.3 Investigation of stigmatization and social exclusion in the modern society.....	11
1.4 Phenomenon of “self-stigmatization” of people with mental disorders.....	14
1.5 Stigmatization of the family.....	15
1.6 Main directions of destigmatization.....	17

CHAPTER II. MATERIAL AND METHODS

2. 1. Motivation	21
2.2. Methods.....	22
2.3. Realization of the investigation.....	23
2.4. Limitations.....	24

CHAPTER III. ANALYSIS THE DATA AND INTERPRETATION OF THE RESEARCH RESULTS

3.1. Stigmatizing attitudes towards families, bringing up children with mental disorders in Russia and Finland.....	25
3.1.1. Attitude of the family to the child with mental disorders in the context of stigmatization problem.....	25
3.1.2. Attitude of the families, bringing up children with mental development defects, to the social surrounding on the context of stigmatization problem.	32
3.1.3. Attitude of the families with the specialists of medical, educational and social institutions in the context of the stigmatization problem.....	37
3.1.4. Concept of the people with mental disorders and attitude to them in the Russian and Finnish societies.....	42
3.1.5. Attitude of the families to the inclusive education in the context of stigmatization problem.....	46

3.2. Attitude in Russian and Finnish families, bringing up children without problem in development to the people with mental disorders in the context of stigmatization problem.....	51
3.3. Approaches of Russian and Finnish families to the softening of stigmatizing concepts in relation to people with mental disorders.....	59
FINDINGS	66
CONCLUSION.....	68
BIBLIOGRAPHY.....	70

INTRODUCTION

Stigmatization was begun to be actively studied since the second part of the XX century by the Western sociologists and psychologists. The term “stigmatization” means prejudicial, negative attitude to a certain person or group of people, connected with existence of some special traits (Mikhailova et al. 2002).

It is well-known that people, who differ from the customaries event to some extent, are ascribed with a status, corresponding to the expectations of the majority, so we may see the process of labeling, stigmatization. This status corresponds to certain social taboos, limiting the living space of the person. So, people with nonstandard type of health are permanently dealing with social expectations, expressed by the society, such people often considered to be incapable, outcast invalids. As a result they have low self-esteem and high level of social vulnerability, reservation, lack of motivation (Smirnova 1996; Kathleen M.Griffiths et al 2006).

Stigmatization in relation to the mentally sick people might be relevantly compared with discrimination and social exclusion.

One of the most vulnerable groups is the families, bringing up children with mental disorders, as existence of deviations in mental health is a stressful event for the parents and deform the family functionally. Members of the families becomes objects of psychological stress, major part of them are not able to overcome the problems concerning the feelings of being a parent of nonstandard child, by themselves, very often they are not able to estimate real opportunities of the child.

Nowadays, position of the Russian families, having children with special needs, particularly children with mental illness, is complicated with lack of united conceptual approaches to the integration of the children into the social environment, as well as low activity of the state institutions concerning creation of favorable conditions for their education. Destructive development of social-economical and ideological situation in the Russian society leads to the isolation of the parents in their own grief, they turned out to be in some inner (psychological) and external (social) “dead end”. This fact promotes postponing of the terms of diagnostics, treatment, as well as professional psychological-educational assistance. Important role concerning settlement of the social and legal problems of the families, bringing up children with mental disorders, is played by the non-state institutions - regional public organizations, charity funds, very often they are far more significant than the state sector (Tkacheva 2007).

Social policy in Finland in relation to the people with mental illness is based at the support of independent way of life, provision of equal opportunities. System of social security is

based at the Scandinavian model of the social state, main characteristics of which are the principles of universality, domination of state sector, provision of equal rights, rather high level of social security benefits (Urponen 2010). Principle of equality in the sphere of education was announced as a main resource of the Finnish society. Results of the investigations demonstrate that the Finnish educational system has special success in the support of pupils with special educational needs (Hirvonen 2011).

Russia and Finland has different systems of provision of social and psychiatric assistance, as well as differences in educational system, cultural values and different life quality standards. There are enough studies in the literature, dedicated to the stigmatization of people, suffering from mental disorders, but these studies are focused at certain forms of mental disorders and major part of them is dedicated to grown-up people (Kathleen et al 2006). Comparative investigation between Russia and Finland which are different in cultural and economic context may have differences in the expression of stigmatizing behavior in relation to the families, bringing up children with mental disorders¹. In present research I will try to understand how the stigmatization, expressed in relation to the families, having children with mental disorders in Russia and Finland, influence at their integration into the society and what the ways for softening of its consequences in relation to the children with mental disorders and their families are?

¹ The term “children with mental disorders” is used, which includes children with wide range of different disorders of psychological (psychic) development, represented in V class of International Classification of Diseases – 10, except cognitive impairments.

CHAPTER I. SURVEY OF LITERATURE

1.1. Notion of social stigmatization of people, having mental disorders.

The stigma is one of the main obstacles for people with mental illness, hampering their chances for societal participation and inclusion, leading to devaluation and discrimination in their life, also affecting their relatives (Gaebel, Wolfgang et al).

Within several last decades more and more people are talking about necessity of formation of new cultural norm, which would provide respect for differences, existing between people, they are talking about tolerance, about development of humanity. It is necessary to find new ways of interpretation of social inequality, intolerance and dissociation to overcome existing opposition of society and its non-typical members (Burawleva 2004). Great amount of scientific investigations, dedicated to the problems of most socially unprotected groups of society and, in particular, problems of families, having members with different mental disorders, is an evidence of high relevance of questions, connected with living conditions of such people (Dubitskaja 2009; Romanova 2001; Solokhina 1999; Wood 2012). Considerable increase of investigations has been a characteristic feature for the beginning of 80th. In 200 European Department of World Health Organization created a special group, its aim was to study stigmatization and discrimination of mentally ill people in European countries. Scientists emphasize that life quality factors of people with mental disorders are significantly worse than that of the other part of society (Schmuckler 1996; Lawrie et al 1996). According to the scientists one of the most stable factors, preventing life quality improvement, is stigmatization of mental disorders and discrimination to this people (Kabanov 2001; Helfinger & Hinshaw 2010).

Social stigmatization is an association of some quality (as a rule it is a negative quality) with a certain person or a group of persons, although such link is not proved or even doesn't exist at all (Semina 2001). The term "stigma" originates from the Greek word, which means a label of a slave or a criminal. Ivanyushkin (2010) determines stigma as a "brand of disgrace", ascription of some virtual identity to the person. According to the author, phenomenon of stigmatization exists in medicine too, it reveals in a formation of phantom image of some disease, such as tuberculosis, schizophrenia, AIDS, etc. In this image disease is identified with a personality, and we should take into consideration that this image devaluates person's dignity and value of his personality. Stigmatization is a constituent of many stereotypes. To create a stigma it is necessary to have one quality, which is considered to be revealing and demonstrative, and a group of qualities, which are assigned to a person on the basis of the first one. Speaking about stigmatization of a person with mental disorder we mean his separation from the society

because of the psychiatric disease and further treatment to this person, which is influenced by stereotype ideas about mentally ill people with the following discrimination (Tannikova 2009; Finsen : 2001).

Goffman (1963), one of the first scientists, dealing with stigma in the field of psychiatry, considered, that stigma is a kind of appeal to some quality, used to show some deviation from the standard with the aim to excuse hostility and aggression towards a person as well as to apply social sanctions.

Within several last decades the notion of stigma was widely used in medicine, particularly in psychiatry. They say about stigma especially in those cases, when they want to emphasize consequences of a certain diagnosis and characteristic traits, connected with these consequences, which promote creation of prejudice against patients in the society (Katsjubinsky 1999). In many research works stigmatization is defined as negative separation of a person or a group of persons on the basis of some feature with a further stereotype set of social reactions on that person or representatives of the group.

Stigmatization is a phenomenon, wider than simple labeling.

In psychiatry scientists talk about stigma especially in those cases when they want to emphasize consequences of the diagnosis of mental disease. There three main notions, which disclose the nature of stigmatization in psychiatry, they are – stigma, prejudice and discrimination (Straus & Corbin 2001). Stigma represents traits of inferiority and mental impairment, which are unjustly assigned to people, suffering from mental disease, while the disease itself is considered to be something shameful and disgraceful. Prejudice is a preconceived notion (false, as a rule), it is a negative social attitude, representing people's readiness to assume some measures and actions in relation to the object of readiness. When we speak about discrimination, we mean real actions, limiting the rights of some group of people. Discrimination is any kind of isolation, setting apart of patients with mental disorders, which lead to the impairment or deprivation of rights. Discrimination, connected with legal vulnerability, is the most negative consequence of stigma and prejudice (Wood 2012; Gurovich & Kirjanova 1999).

So, social stigmatization in psychiatry is a process of perception of a person on the basis of stereotype ideas about psychiatric diagnosis with a further behavior reaction, based on the attitude to a certain group of people. Stigma in relation to people with mental disorders affects their ability to receive some id, their recovery, as well as type of therapy and cure, which they receive, and their admission by society. That's why not only the relevance problem of mental patients' adaptation in social environment increases, but also the problem of society attitude to that people.

World Psychiatric Association mentions, that premises to the presentiment to the people with mental disorders exist in all countries, these premises include lack of knowledge about mental diseases, readiness to admit such person as an object of prejudice and absence of any sharp or negative reaction to the prejudice in relation to the patient, as well as social admissibility of such kind of prejudice (Gurovich & Kirjanova 1999). I should emphasize that in different countries we may find different traces of stigmatization.

Though in postindustrial society evident stigmatization, as well as discrimination, connected with it, is either banned by the law or condemned by the culture, there are many stigmas almost in every society. In Mental Health Declaration for Europe, stigmatization is examined together with discrimination. I may even say that the problem of discrimination of people with mental diseases can be referred to the field, related with nationalism, sexism and ageism (Haghighat 2001). Investigation results show that developing countries are characterized by more tolerant attitude to mental patients, and used to have less stigmas (Littlewood 1998). Some authors consider, that such non-industrial societies are used to limit social roles of a person more rigidly, the decrease the opportunity for liberty and freedom of choice, but at the same time they connect the reasons of the diseases with some outer causes, such as magic, thereby they relieve the patient of responsibility and raise their possibility of social adaptation.

According to Sartorius (1977), people in non-industrial countries are far more tolerant to the mental patient, what diminishes the risk of continuous isolation and unacceptance. Judging by investigations, dedicated to the comparison of West-European and American public opinion on this problem (Byrne 1985; Bright 1997; Mason 2001) it is possible to say, that the European society is far more affected by stigmatization. According to the authors, even “a simple appointment with the psychiatrist has almost become a stigma”, while it is so natural to speak about appointments with doctor, about improvement of oneself under his guidance. The patient always has enough support if he decides to go to psychotherapist and take medications, in case if such necessity exists. So it is not accidental, that the first complex investigation, dedicated to the problem of stigmatization, was the book by E. Goffman, American sociologist, called “Stigma: Notes on the Management of Spoiled Identity.”, published in 1963.

1.2. Concept of people with mental disorders as of something potentially dangerous and undesirable. Factors of formation.

People with mental disorder have been suffered from stigmatization for more than 2000 years (Faberga 1990; Schmidt 2006). Attitude of the society to different can hardly be absolutely groundless. Sources of these reactions are reasonable enough – mental disorder may represent a danger for the society, communication with a mental patient is often burdensome and is connected with unpleasant surprises for patient's environment. Stress, provoked by the cohabitation and communication with the mental patient, leads to the emotional tension, which, in turn, negatively affects the patient himself (Gkurovich & Kirjanova 1999).

In works of some of the scientist we may find an opinion on possible propriety of discrimination of people, who had mental or other, for example, infectious diseases in the past. So, this way, employers may discriminate people, having some mental disorder in their anamnesis because of real and lawful preoccupation, connected with non-attendance (Bond et al 2006). In public conscience stigma is often associated with diseases, in which people themselves are in vain (Rabkin 1974). Oddities of person's behavior is not so important factor of stigmatization as historically established prejudices about danger, disgracefulness and impairment of a person, suffering from mental disorder. Opinions about behavior unpredictability of a person with mental disease, impossibility to affect on him as well as difficulties in adaptation in the society have a great influence on formation of negative attitude to that people. These ideas are assimilated in the process of social development and become a part of people's world-view (Gkurovich 2001). Distribution of people into categories, as a result of selective perception and stereotype formation, simplifies rejection of mental patients, increasing the distance between the society and a person with mental disorder. Many scientists link stigmatization with availability or lack of information on mental diseases in different groups of society. For example, in his works D. L Penn et.al. (1994, p. 571) says: "It is so painful to realize that all the success, achieved in the process of inpatient and outpatient treatment will be minimized, if after the treatment the patient will return in the hostile society, which doesn't have enough information."

In the publications, dedicated to the mental health, authors often speak about role of mass media in formation and assimilation of stereotype notions about people with mental disorders, Mass media is considered to be main source of stigmatization (Lawrie et al.: 1996). Scientists think that information, about cases of violation, in which mental patients are involved, spread by means of mass media, usually have a very negative effect on public conscience.

R.Haghighat (2001) emphasizes that in the era of internet and cybernetics, when the volume of information increases greatly, stereotype of a mental patient toughen and becomes more concrete. J.Philo (1996) discovered, that in 66% of TV-programs on mental abnormalities cruelty is presented as a main feature of people with mental disease. In his investigation P.Byrne (2000) singles out other stereotype roles, which are usually played in TV-programs by the mental patients, they are – “loony-killer”, “maniac”, “object of mockery” and others. Analysis of children TV-programs content shows, that they form stigmatizing concepts about mental disease and corresponding reaction and behavior. People’s ideas about frequency and character of violence in psychiatry are often poor or wrong, because people had been given false information on the subject for many decades (Yastrebov et al.1997).

Wrong ideas about mental diseases, intellectual disability and anecdotes increase influence of stigmatization not only on mental patients, but also on his family (Heflinger & Hinshaw 2010). According to the wide range of authors, literature, describing disgrace and blame of parents, whose children suffer from mental diseases, promotes stigmatization of the family and reflects public opinion of parents’ role in the origin of the disease (Dain 1994; Romanova 2001).

In literature there are some facts, showing that specialists, working with mental patients, particularly psychiatrists, are also victims of stigmatizing critics, it should be noticed that they are far more criticized than other specialists (Lawrie 1999). At the same time we may find a lot of literature, dedicating to the problem of stigmatization on the part of professionals: doctors and other specialists, rendering different types of assistance. Among stereotypes, typical for professionals, is perception of mental disease as something shameful and incurable (Rabkin 1974; Gkurovich & Kirjanova 1999).

Stigmatization on the part of doctors has a negative influence on the quality of recommendations for patients and their families. Scientists note that there exist some cases of dislike and aversion to mental patients on the part of General practitioners, as well as cases of refusal to help to such patients in the Centers of Social Assistance and on the part of social workers (Romanova 2001). There are investigations, according to which doctors stigmatize mental patients far more, than society does. Due to unjust attitude of doctors and health services in whole, people with mental disorders are usually reluctant to look for help. This fact has a very negative effect for the patient because of delay of the treatment (Yastrebov et al.1997).

It is important to say that not only people with mental disorders are stigmatized, but the diseases themselves. And first of all stigmatization of mental diseases is caused by the doctors. It is reflected in scornful expressions about their clients, negligence in formulation of diagnoses,

mockery of behavior oddities, anecdotes, advice to young specialists to change the profession, in negative attitude in whole (Lawrie. et al. 1996). Such attitude may lead to the development of inferiority complex and aggravation of symptoms of the disease.

1.3. Investigation of stigmatization and social exclusion in the modern society.

Confirming the fact of negative attitude of the society to the mental patients, scientists made some efforts to explain this phenomenon. Scientists tried to discover how behavior peculiarities of people with mental disorders condition their low social status and what differences in attitude to mental patients are in different groups of society. Goffman (1963) gives definition of stigmatization as the process of separation of the person on the basis of his deviation from the norm with the aim to impose some sanctions. According to the author difference between “normal” and stigmatized person exists in people's mind, but not in reality.

There are many scientific works, dedicated to the investigation of different aspects of society's attitude to people with mental disorders (Hayward & Bright 1997; Awedisova 2000). For example, in Russia investigation of this problem was begun by epidemiologists, who studied the problem of tolerance to mental patients (Liebermann 1983). There exists far less works, studying this problem in socio-psychic scope (Semina 2001). Almost all scientists confirm that negative opinion about people with mental disorders is widely spread in the society. Very often people think about mental disorder as of something terrifying, shameful, contrived and incurable, mental patients are usually believed to be dangerous, unpredictable, unreliable, unstable, lazy, weak, worthless and helpless (Brockman, et al. 1979). Mental disorders are thought to be caused by cognitive or moral untenability, or by hereditary factor (Rabkin 1974). Besides scientists mention that major part of people admits mental patients as a part of society, but tend to avoid more close relations. Nevertheless relatives of the person with mental disorder and other people, connected with him, have to conceal his disease not to hurt the patient.

There is a range of investigations, in which scientists tried to determine correlation of stigmatizing attitude and people' relation with their social and demographic characteristics (Dmitriewa & Pololozhev 2009). It has emerged that people with higher level of education have more tolerant attitude to mental patients (Brockington et al. 1993; Littelwood 1998, Maclean 1969). It was established that tendency to stigmatization is connected to a certain ethical origin of the respondents, presence of small children, gender and education. So Brockington and co-authors (1993) discovered that people, having children, have more positive attitude to people with mental disorders. But at the same time Wolf (1996) discovered that such people have more expressed fear and denial of mental patients. But still there exists a common tendency: the

younger the respondent is, and the better level of education he has – the more tolerant attitude he has to the people with mental disorders.

Some efforts were made to determine psychological and other traits, typical for stigmatized people, in other words they tried to make a general portrait of stigmatized. Kabanov (2001) connects a tendency to stigmatization with a presence of some behavior, cognitive or emotional weak points, which provoke such behavior. The author singles out three factors or sources of respondent motivation: necessity to preserve satisfactory conditions of life (fear of possible interference of such deviants in their life); necessity to preserve normal level of functioning (fear to decrease one's own intellectual level) and necessity to preserve emotional stability (danger of emotional break-down).

Getting familiar with a certain literature, we may say that formation process of stigmatizing ideas is largely determined by representativeness.

Integral theory of social stereotypes is developed by the Russian psychologist A. Bodalev (Bodalev 1983). His theory is based on the fact that the process of formation of knowledge about another person depends on generalization. Ascribing of characteristic features, typical for a limited group of people, to all representatives of the group, nobody can be secured from the false conclusions, caused by ill-judged generalization. Experimental investigations, made by Bodalev's school, show that perception of another person is reduced to attribution of this person to a certain group on the basis of evaluation of his behavior and actions. In the middle of XX century phenomenon of ascribing of sets of certain features on the basis of attribution of a person to a certain group was studied by such authors as H.Kelly, S.Asch who were able to demonstrate that this phenomenon is based on the fact of “unconscious structuring of a person”. Analyzing the process of stigmatization, these authors single out (as an attribute) a process of negative stereotype formation about people with mental disorders and processes of “marking” with the following ascription of stereotyped image of a certain group of people (Serebriiskaja 2002),.

This way theory of social stereotypes is very important for understanding of stigma formation processes and reasons of its formation. It shows that even though stereotypes are the result of lack of information and deficiency of knowledge in the process of perception of a person, this is rather a rule than an exception. Incompleteness of perception tends to be a permanent trait, that's why even though stereotype formation plays very negative role for stigmatization, it is not some disadvantage but just a natural quality of the process of thinking (Serebriiskaja, L. and co-authors :2002).

Interrelation of stigmatization and discrimination is shown in many scientific works, scientists emphasize that by the vicious circle principle stigmatization leads to discrimination. At the same time discrimination intensifies stigma, which leads to the troubling of social functioning

and decline of life quality (Abrahamson 2001; Borodkin 2000, Smirnova 1996). Discrimination means deprivation of rights of certain persons or group of persons on the basis of prepossessions. Prepossession may be reflected even in legislation – refusal to hire or to admit in some social group. There are scientific works, showing consequences of discrimination of people with mental disorders. In this works you may find data on offenses, physical violations, firing (Avedisova 2000; Jorm et al. 1997).

More than 500 million people have a permanent disability, caused by physical, mental or sensor disorder. Those people have to confront social exclusion – social barriers, which exclude them from the life of society and prevents from active participation in social life. Phenomenon of social exclusion, as an object of scientific research, has many aspects, dealing with different parts of life, including economic, social, political and psychological aspects (Borodkin 2000).

Social and psychological isolation of people with different disorders is promoted by organization of social and working life, not oriented for social equality, unreadiness to admit a person as an equal one with sensor or physical deficiency, and those people are not psychologically ready themselves to the inclusion to society. Mechanism of social exclusion, which exists in relation to people with mental disorders, may be the same for other social groups (national, religious, etc). In this context social exclusion of people with mental disorders has a great scientific importance, as it may have widespread social effect (Donkan 2010).

In Western Europe, especially in Britain, conception of social exclusion was widely spread in the last part of XX century. Problem of social exclusion analysis relating to Russia is considered to be on of the most difficult in the investigation of life quality of the deprived groups of the society. The problem of social exclusion has been explored in Europe for a long time, but this phenomenon has recently become popular in Russian mass media (Tikhonova 2003). Social exclusion was studied by such scientists as Borodkin (2009), Tikhonova (2003), Ramon (1999), Shmidt (2006), Smirnova (1996), Abrahamson (2001) and others. In their investigations they give analysis of social exclusion and single out major features of this process.

Determination and study of stigmatization factors and its sources is considered to be very important moment in the process of investigation of public attitude to people with mental disorders. Haghighat (2001) tried to generalize them in unified theory of stigmatization, based on a major principle, including all the sources: stigmatization is useful, beneficial, it serves for protection of people's interests. In competitive fighting, as in any fighting for existence, discrimination and extrusion of weak is beneficial for a person, because it helps to promote oneself. On economic level it means increase of discrimination in condition of more fierce competition, and on psychological level – increase of one's self-esteem by means of isolation of

weak and helpless people. According to Haghighat (2001), factors, which lead to stigmatization, are split-leveled: constitutional, psychological, evolutionary and economic.

1.4. Phenomenon of “self-stigmatization” of people with mental disorders.

Analyzing stigma's effect on people we should mention, that it may influence not only externally through people's rejection, but also “internally”, this internal influence increases sense of isolation, estrangement and depression (Romanova 2001). Self-stigmatization, together with stigmatization, is a very important problem too. Self-stigmatization – is a process, developing under the influence of adopted myths about mental disorders, fear of discrimination and their situational reinforcement. Result of this process is self-isolation - “estrangement of potential stigmatizers”, decrease of social status. According to Dubitskaya (2009) investigation - factors, promoting stigmatization formation, includes personal characteristic traits of patient, type of disease state, its duration, particular qualities of treatment, life quality of a patient, social functioning failures. Social deadaptation may be promoted by person's adoption of his role, social isolation, dependence on the other people. Self-stigmatization leads to the vicious circle, caused by the influence of low self-esteem on developing socialization. According to Townsend (1979), people, suffering from mental disorders, have the same negative attitude to their mental disease as normal people, they just adopt the stereotype of their diseased state .

Self-stigmatization is a reaction of a mental patient on his disease. Mikhailova (2005) singles out three forms of self-stigmatization according to the level of change in the identity of a patient. Auto psychic form reflects the change of identity, compensatory form is aimed to its preservation along with patient's realization of mental disease. Socio-reverse form is connected with the change of person's social identity. According to the author, on the one hand self-stigmatization reflects the symptoms of the disease; on the other hand, it is a part of adaptation's process. During the investigation of stigmatization dynamics in the families, the following features were defined: social self-isolation of the family, concealing of information on the presence of mental patient from the other people, demonstration of the exceptionalness of the situation, conditioned by the mental disease of one of the members of the family (Dmitrieva & Pololozhev 2009). First step of this process is limitation of social contacts to prevent distribution of information on the presence of mental patient in the family. Second step is critical for the family and predetermines forms of family members' adaption to life with mental patient. This step arrived when it was impossible to conceal the fact of mental patient presence in the family by reason of noticeable social de-adaptation of the patient or his strange behavior. Third step is considered to be decisive, on this step the family is determined to be isolated, confronting

itself to the society and is on the way to adaptation to the family member with mental disorder (Kazubinsky 1999).

1.5. Stigmatization of the family.

Negative mental attitude in respect of people, suffering from mental disorders, conditions the process of stigmatization of the family as of micro social group (Buravleva 2004). During the range of investigations scientists discovered that for the mental patient, family is one of the most important spheres in life. Even the fact of presence or absence of the family, as well as manner of relations between the relatives, is considered to be decisive factor for the successfulness of social spheres of life (Kabanov 2010; Tkacheva 2007).

In its turn mental disorder of one of the members of the family has a negative effect on the dynamics of internal family relationships, and provokes their worsening (Semina 2001). Among the factors, which have a negative effect on the family, are the following: inability to realize oneself in professional sphere by reason of the mental disease of one of the family members, melancholy mental state, feeling of isolation from the society and deterioration of life quality in the whole (Solokhina et al. 1999). Stigmatization of the family is conditioned by the situation of permanent stress, connected with living with a mental patient, sense of guilt towards this relative, tendency to isolation as a protective measure. First of all stigmatized families are oriented at the medical therapy (Kazubinsky 1999).

According Solonikhina (1999), life quality of relatives, who take care of mental patients, depends on quality of mental health services. The higher is level of socio-medical and psychological and pedagogic services, the better different needs of mental patients are satisfied, the less the family of the person with mental disorder suffers from his disease, consequently the higher is life quality. It was found that major part of the families with mental patients (about 70%) noticed that their life quality decreased because of the presence of the relative, suffering from mental disease. In this regard it is considered to be necessary to perform investigations and rehabilitation services in such families.

And if a number of children with mental disorders increases, a number of parents, suffering from the problems, connected with a state of their children, increases properly (Donkan 2010). British scientists have represented an idea about “exceptionalism” of children as of social group. They claims that children is one f the most controllable groups in the society, because they don't take part into social or political life and are not represented in any government agency (Astoyanz 2007). Among the problems of Russian families, brining up children with mental disorders, are the following: low level of rehabilitation ability, psychic traumatizing of parents, connected with a birth of a child with mental disorder, low psychic-pedagogical competence and

inactivity of parents in relations with the specialists (Tkacheva 2007). According to the scientists personal peculiarities of the parents are very important for successful socialization of the children. It was discovered that development of child's mental disease depends on emotional disturbances of the mothers, for example miscommunication in society, lack of emotions, psychic breakdowns (Buyanov 1988).

Smirnova (1996), Lipay (2004) notice as one of the factors which lead to the social ill-being of the children and their families is inadaptability of the environment to socialization of people with non typical health state, that is – imperfection of educational programs, lack of medical and social services.

Analyzing life quality of relatives, having children with mental disorders (especially schizophrenia), Solonikhina and co-authors (1999) determined that the major part of respondents noticed worsening of their own health, connected with the disease of a child, increase of feeling of isolation and loneliness. More then one half of the respondents states that they have a sense of oppression and despondency, caused by the disease of the child, that they have thoughts about unsolvability of the problems. Limitation of social contacts of parents, having children with mental disorders, is caused by anxiety for the child and absence of will to meet anyone because of the child's disease, besides it is usually caused by the fact that they don't have anyone to take care of their child except themselves. Almost every family, in which there were some troubles in the relationships, thought, that these troubles was caused by the disease of the child. About 22,5% of the respondents didn't concealed the disease of the child, and about 30% tried to conceal it. Others noticed that they want only some people to know about the disease of their child. In literature you may find enough data about domination of negative characteristics in description of children with mental disorders, depicted by different groups of people, including their parents (Smirnova1996).

The problem of stigmatization tends to be very serious, it demands comprehensive analysis, because it is highly important to find reliable methods of the problem's solution.

1.6. Main directions of destigmatization.

It is impossible to reach destigmatization of people with mental disorders quickly. Stigmatization of people, suffering from mental disorders, is a serious problem, and destigmatizing interference should be conducted at many levels, taking into considerations the facts, determined by the investigations, and experience, gained during the practical work (Serebriiskaya et al. 2002). The question of publicity of the problem is especially relevant in Russia. Many scientists marks, that sources of the attitude of Russian people to the mental patients are often unconscious and irrational (Kabanov et al. 2000), and it is a serious barrier for

the process of destigmatization. People's awareness of their unconscious feelings may prevent them (even to some degree) from stigmatizing behavior.

Practical significance of scientific-research works, connected with destigmatization, is very high, because stigmatization is not a theoretical scholastic problem. The history of development of this question is made up of different programs and projects, aimed on softening of stigma negative influence. Different specialists, among whom are sociologists, social workers, psychologists, deal with the problem of stigmatization, it is conditioned by high practical significance of this problem solving for the life of society in whole.

Education and provision with information is seemed to be the most evident way to soften attitude and stereotypes, as well as negative influence on the behavior. In 60th of the XX century such educating programs were held in Britain and The United States, analysis of the results was rather dubious. Brockman (1979) noted absence of any significant influence of these programs on people. Rabkin (1974) said about positive influence of educational programs, held in 60th in the USA, on people's ability to determine diseases and accept them as somatic ones. Range of investigations indicates the popularity of these programs, better public attitude among grown-ups and children, but for a short period of time (Kay et al : 1997; Wolff et al :1996). Ulybina (2001) connects this short-term effect with the cognitive character of educational programs, whereas affective level, susceptibility level was just skipped. This problem may be illustrated by the following example – students of the Medical University receive enough information about patients and diseases, but all this information doesn't change their attitude significantly (Buchanan & Bhurga 1992).

Today we have examples of destigmatization programs and projects realization. World Psychiatric Association has organized and realized a global program against stigma and discrimination (Kabanov & Burckovsky 2000). The aim of the program is fight with public prejudice in relation to mental patients in all spheres of life, because these prejudices decrease life quality of people, and their families, besides they prevent those people from living and working among healthy people. Psychiatrists from the wide range of countries, including Russia, have already joined this program, while special psychiatric magazines has started publishing materials, connected with this program (Dmitriewa & Pololozhev 2009).

For stigmatization of people with mental disorders, and their families Dubitskaya (2009) offers integrative bifocal model of psychoeducation, consisting of three parts: liquidation of informational deficiency of patient and his relatives, realization of special psychotherapeutic measures, coping behavior trainings. Psychoeducation model is a part of rehabilitation complex for patients it supplements medication therapy and social rehabilitation. Measures, offered by the author, suppose availability of special literature for professionals, extension courses, courses on a

certain disease for doctors of other specialties. And on the level of the civil society it is reasonable to hold some systematic preventive measures, which would for responsibility for mental health; these measures will have a great significance in the process of destigmatization of mental patients. Organization of discussions is an alternative for different educational programs. Discussion of some arguable questions forms more stable opinions at person's conscious, these opinions would become a part of a world-view. It is confirmed by the data about advantages of antistigmatizing educational programs, oriented at the problem, in comparison with traditional programs (Smith 2001). Very important factor, which lead to the success of antistigmatizing programs is high motivation of those people, at whom these programs are aimed. That's why work, aimed at specific target groups is far more effective (Byrne & Cunningham 1985). Individual attitude, personal characteristics and life conditions are considered to be very significant factor, that's why education is more effective, if it is aimed at certain social groups. For example, it is necessary to stimulate teachers to determine mental disease, which may be a reason of pupil's deviant behavior or may cause some difficulties in the process of education; employers should be provided with information on results of high quality investigations, dedicated to the methods of treatment and diagnosis (Kay et al :1997). Increase of educational activities and work with society and mass media, in particular, are very important factors too (Philo 1996). Mass media has a great influence on public conscience, that's why it is necessary to solve the problem and to determine which methods of solutions would be more effective. Some authors consider that within destigmatization company prejudices and fears, connected with communication with mental patients, should be ruined, and new positive attitude should be created on the basis of received knowledge (Dmitriewa & Pololozhev 2009). Yastrebov (2005), distinguishing such principles of struggle with stigmatization as activity and publicity, suggests to use experience of struggle with nazism, sexism and ageism.

Serebriiskaya and her co-authors (2002) denote necessity of formation of "politically correct language", as well as at its efficiency in the events, dedicated to struggle with discrimination on the basis of gender, age, religious, racial differences and physical disability.

Giving publicity to one's disease by public persons, who are suffering or have suffered from mental diseases, is one of the most effective antistigmatizing methods (Jorm et al 2008). There is an opinion (Smith 2001) that educational programs can't be successful, if mass media provides society with negative information about mental patients, and that cases are not rare at all. Internet becomes more and more available source of medical intelligence, that's why it is very important to provide people with information, which is easy to understand, and which may refute all false data. But at the same time mass media may become a very significant means in the process of destigmatization, many authors emphasizes that it is very important to use mass

media in different antistigmatizing event, involving journalists, organization of TV programs, in which psychiatrists participate, into the work.

Serebriiskaya found that in work of L.S.Vygotskiy stated a principle of unity of intelligence and affect, which is concluded in the idea, that cognition is impossible without a certain motivation. That's why instead of lecture on mental disorders and problems, he offers to influence on empathy – people should empathize with mental patients. Talented artworks play an enormous role into decision of this problem (Serebriiskaya et al. 2002).

But most of the surveys shows, that people's conscious position in relation to the mental patients may be unrealized for the reasons, lying on deeper unconscious level. Other authors express more sceptic opinion, emphasizing the role of social desirability effect (Haghighat 2001). There is an opinion, that we should concentrate on activation of the patients and their relatives, that we shouldn't try to change attitude of the society in the whole, because it is impossible in the nearest future (Finsen 2001).

Another means of tolerant attitude formation, noted in a great number of research works – is a personal contact with mental patient. Relatives and people, who have first-hand experience of communication with people, suffering from mental disorders, have better attitude to mental patients than other part of society (Dmitriewa & Pololozhev 2009). According to Wolff (1996), communication with mental patients leads to formation of more positive attitude.

Sartorius (1998), the head of World Psychiatric Association program, struggling against stigmatization of patients, suffering from schizophrenia, states that psychiatrists should study their own attitude; they should become active protectors of people with mental disorders; they should try to improve patients' life quality, trace cases of discrimination in public services and organizations and try to achieve knowledge how to solve the problem of stigmatization .

Cognitive, emotional and behavior components are constituents of stigmatizing influence. To reduce stigma Haghighat (2001) suggests different ways of influence at cognitive, affective and behavior (or discriminating) levels. Kabanov (2001) classifies stigmatizers depending on intensity of: behavior, cognitive or emotional component in the context of stigmatization motivation . These three components are used in psychiatry with regard to different kinds of psychic activity. The same scheme in the field of human relations was proposed by Myasishev (1998). According to him, communication of people is a process, where we can single out three closely interconnected components – participants' psychic reflection (perception) of each other, emotional response, which is provoked in one person by another person (attitude), peculiarities of behavior, which one person demonstrates in relation to another person. Hereby the process of stigmatization of people with mental disorders is greatly influenced by cultural, social and economic conditions. It is necessary to continue research work

on the problem of stigma to define peculiarities of stigmatization in concrete conditions, as well as to develop new methods of anti-stigma programs realization.

CHAPTER II. MATERIAL AND METHODS

2. 1. Motivation

Demand of provision of social and psychological assistance to the families, bringing up children with mental disorders, is connected with different problems, with which the families face in everyday life - that is admittance of the defect/disease of the child, estimation of real opportunities, change of inter-familial relations, organization of educational process etc.

For many years people, suffering from mental disorders, were excluded from the social life in Russia. Process of their exclusion from the society, based on the fact of existence of the certain diagnosis, adherence to the existing stereotypes was accompanied with emotional and behavioral responsivity from the part of the publicity, leading to the discrimination and inclusion not only of the people themselves but also of their families. During the last decades the programs of the state scale are being realized in Russia, such programs are aimed at the integration of people with mental disorders into the society, as well as overcoming of stigmatization and discrimination.

During my 12 years working experience in the Psychological and Education Centre of the city of Arkhangelsk, I had an opportunity to communicate with parents of the children with mental disorders, provide assistance in overcoming different social and psychological problems, represent their interest in courts, make individual programs of help for children and families, take part in medical, psychological and educational conferences, mobilize social services for the maintenance of my clients. Every family has its own fate, own problems and pain of the parents, with which they come to our institution.

I began my research concerning the families, bringing up children with mental disorders since 2002, when I was realizing a project called "Evaluation of life quality of the families, bringing up children with mental disorders" in collaboration with the leading specialists of our rehabilitation centre. This project included comparative study of life quality of the families, living in Arkhangelsk and bringing up normally developing children, and families, having children with mental disorders, it was realized in quantitative paradigm by means of the developed questionnaire. With the help of the questionnaire we managed to determine level of life quality of the families, level of parents' satisfaction with the life quality in the different spheres of life. Later, in the course of family consultations I realized that I want to understand way of life of the families from inside, generalize their inner experiences. Meanwhile the terms "integration" and "inclusion" were becoming more and more popular and frequently used among the managers of social and educational institutions. In accordance with this, sphere of my interests spread at the research of the families, bringing up normal children. Particularly, through

this category of people I managed to determine the attitude of the society to the integrational processing, taking place in Russia nowadays. It is well-known that nowadays Russia is only in the beginning of the way of overcoming stigmatization and discrimination in relation to people, having some kind of deviations, way, which was begun in Western Europe several decades ago. I am grateful for the chance to realize the comparative study between Russia and Finland, compare understanding, points of view, feelings, experienced by the families of the both countries, determine differences and similarities at the different stages on the way to integration.

2.2. Methods

This project represents the results of the investigation in relation of the families, bringing up children with mental disorders in Russia and Finland to the stigmatization, expressed in different spheres of life from the part of the society. Investigation of the stigmatization phenomenon was performed in the frameworks of the hermeneutical approach, based on the principle of understanding and interpretation (Straus & Korbir 2001).

For the study of the concepts on stigmatization was used the method of half-structured interviews, which includes a list of mandatory aspects, in accordance with which it is necessary to acquire information in each of the thematic blocks.

The following investigation question were determined:

1. How does the stigmatization, expressed in relation to the families, bringing up children with mental disorders in Russia and Finland, influence at their integration into the society?
2. What shall we do for softening of its consequences in relation to the people with mental disorders and their families?

Analysis was made with the usage of thick description procedure. At the first stage of analysis was used coding (classification) technology, which united context of the interview text information into generalized category. So I determined 30 nominations (classifications), which were united into generalized categories and allowed to compare the data, acquired from the respondents.

Generalized criteria included the following:

- attitude of the family to the child with mental disorders;
- relations of the family with the social environment;
- relations of the family with the specialists of medical, educational and social institutions;

- concept of the people with mental disorders;
- attitude to the people with mental disorders;
- attitude of the family to the integration policy;

2.3. Realization of the investigation

The investigation was performed in the cities of Arkhangelsk and Severodvinsk (Russia) and Oulu and Kouvola (Finland).

The objects of the experimental part of the investigation were the parents, representing to groups of families:

The first group included the following:

1. Russian parents, bringing up children with mental disorders, in the number of 3 persons. Respondents were represented by the mothers (37-40 years old), having higher or secondary-level education, residing at the territory of above-specified Russian towns.
2. Finnish parents, bringing up children with mental disorders, in the number of 3 persons. Respondents were also represented by the mothers (42-47 years old), having higher or secondary-level education, residing at the territory of above-specified Finnish towns.

Characteristics of the children's disease

In this investigation I use the term “children with mental disorders”, which means children with wide range of different disorders of psychological (psychic) development, represented in V class of International Classification of Diseases – 10.

Children with mental disorders from the Russian families (in the investigation children's names are changed for false ones):

- Dariya (7 years old) is educated in Psychological-educational Rehabilitation Centre.
- Artyom (9 years old) is educated in special school.
- Arseniy (10 years old) is educated in special class of common secondary school.

Children from the Finnish families (names are also changed):

- Miko (13 years old) studies in common secondary school.
- Anna (14 years old) is educated in special schools, included in “Friends of the youth” institution.
- Niko (10 years old) is educated in primary school.

The second group included the following:

1. Russian parents (mothers, fathers), bringing up children without any deviations in the number of 3 persons (30-43 years old), having higher education, residing in Arkhangelsk, Severodvinsk.
2. Finnish parents (mothers, fathers), bringing up children without any deviations in the number of 3 persons (36-48 years old), having higher education and secondary-level education, residing in Oulu, Kouvola.

2.4. Limitations

Some limitations in my study need to be considered.

Limited number of the participants of the investigation is explained by the complexity of organization of the investigatory process. For example, during the interviews Finnish respondents had to speak English. Besides there were some difficulties concerning the search of candidates for the interview, which should correspond to the interests of the investigation, like (existence of the problem child, will to take part into comparative analysis, ability to speak English language). That's why interview with Russian respondents is turned to be more deep and emotional than with the Finnish ones.

Families from group 1, having children with mental disorders, are represented only by mothers. Such a limitation exists in both countries (Russia, Finland) and is explained by the absence of the spouse (divorce, business trip, work in other countries) or expressed reluctance to take part in the investigation.

CHAPTER III. ANALYSIS THE DATA AND INTERPRETATION OF THE RESEARCH RESULTS

3.1.1. Attitude of the family to the child with mental disorders in the context of stigmatization problem.

Existence of the child with mental disorder affects emotional state of the parents. Worries concerning the fact that the child is not like all others or determination of the problems with mental development during the pinafore stage of existence is a very stressful situation, especially for the mothers (Borodkin 2000).

Reaction of the family members on the news about mental disorder of the child is always characterized with negative emotions and feeling notwithstanding the age, when such a problem was determined. In the course of the interview, we noticed existence of stress, moral discomfort, depressed state of parents, which are connected with mental problems of the child.

Russian respondents:

- "I was very depressed. I was uptight."

- "Of course, at first it was very difficult morally. That was stress. I was just crying from morning till night for several months. It was awful to look at my face, it was puffed-up because of tears. I drove myself into such a state."

- "It was shock for me, and it was twice a shock for my husband".

Finnish respondents:

- "Of course, it was very difficult at first. I thought how to bring the child up further."

- "I worked at night shifts, I came home tired and couldn't sleep, I thought how to go ahead. I felt that I was very weak".

- "I was very upset. We noticed that something was wrong with our child, he didn't communicate with others, he didn't speak, but we went to the doctor only when it was recommended at school".

High level of mental stress of the parents is connected with many factors, including process of negative standing out of the child and family in the whole, it stigmatization, which is began since the moment when the existence of mental disorder is confirmed.

In the course of the interviews it became obvious that relations between the spouses are changing. According to mothers it is very difficult for fathers to admit the child with problems, especially with mental problems. Mothers emphasize their aloofness, difficulties in understanding each other, accusations:

Russian respondents:

- "It was very difficult for the husband. I try not to discuss the problems of the child with him. For him it is a barrier even now, he tries not to speak about the problems of the child."

- “Our men have such a nature. If the child is clever - it is his merit, if the child has problems - he is not to blame”,

- “My husband is always against me. We have different approaches to the education , to the breeding. He thinks if nobody dealt with us, we should do the same with our children.”

- At first my husband tried not to take the child with him anywhere, he worried a lot. He is a reserved person, it was difficult for him and it is difficult now too. It is a stress for him, I can see it”.

Finnish respondents:

“Daughter with problems is my youngest daughter. Before her birth we had a common life. When the disorder was determined, relation with the husband began to change, we divorced very soon”.

- “It is difficult to say, why the husband decided to divorce with me, I think that he just didn’t want to spend time for the sick child, he wanted to change something in his life”.

-” At first my husband tried not to take the child with him anywhere, he worried a lot. He is a reserved person, it was difficult for him and it is difficult now too. It is a stress for him, I can see it”.

Shift of emphasis to the mother’s breeding has a significant impact at the functioning of the family. Educational role of the father is being deformed.

In the Russian families initial goal is economical support of the family, as economical fact of the provision of the family becomes the most important (further this issue shall be discussed in next section):

- “To tell the truth, my husband works in a shift team, he has to earn money. For half a year he is at home, and for half a year he is in America. He spends not to much time with us. He becomes disaccustomed of us, and we become disaccustomed of him”.

- “My husband is a sailor. His goal - is to earn money for us, and I settle the major part of the problems as he is not at home.”

Russian mothers emphasize that during the communication with the children fathers are characterized with expressed disadaptation, which is expressed in incoherence in education and manipulative actions from the part of the child.

- “My husband was ashamed to take the daughter anywhere. Now the situation is better, but still some shift exists”.

- “When my husband comes from the sea, he says our son that he may not to do his homework, not to go to school. Artyom does nothing and only murmur that I’m dissatisfied with it. He complains to the father”.

- “Most part of the time my son spends with me. But recently he began to ignore me, he prefers his father”.

- “My daughter is ready to follow the father everywhere, she loves him so much. She prefers only him. They are fooling with each other”.

Mothers from the Finnish families express negative attitude in relation to their spouses, emphasizing their isolation from the problems of the child, emotional stress, inadequate behavior:

- “My husband began to come home late, I know that it was very difficult for him, he didn’t manage to overcome his stress, but I need his support so much. When specialists informed us about the disorder, he spent several nights in his parents’ house. I don’t know what was happening there, but then he left the family”.

- “My spouse watches TV too much. He had never had close relations with children and when the problems became evident he began to drink alcohol, didn’t want to talk about the son, all these facts led to the divorce”.

Process of adaptation of the family members to the state of the child takes enough time. Protective mechanisms of the parents, which are rather often expressed in the denial of the defect, prevent admission of the child’s peculiarities.

In the course of the interview most attention was paid to the problems, connected with personal traits of the children, defection of communication function, or with psychologically stressful situation, which led to the regress of the child’s psychic.

Russian families:

“I have video-tape, when he called animals from the book; he said “Granny”, “Grandpa”, “Mom”. And then he kept silent, he just stopped talking”.

- “I think that it was a fright. One time I left my child with the neighbor and went to the dairy. He was cleaning his home with an old vacuum cleaner and directed the pipe at my son”.

- “He is not stupid at all. It is just difficult for him to study”.

Finnish families:

- “I was very worried that she didn’t talk, she began to talk only at 5 years old”.

- “He couldn’t communicate with others, because he spent almost all his time at the computer”.

- “We have very serious problems when he went to school, he couldn’t get along with other children. Before the school he didn’t communicate with anybody too, but still in school the situation became worse”.

Even though the families instinctively understand that their child is “untypical”, as well as admit his problems formally, they often reject this fact at the emotional level.

There exists an interesting fact, that negative emotions of the Russian mothers and destroyed fantasies in the response of the event and planning of the future make them appeal to the untraditional medicine and mentalists, as they want to be dissuaded in the seriousness of the child's disease:

- "I went to the mentalist, I checked everything myself. And then I brought the child. He child had hypoxia. Brain cells were dead. For the mentalist these cells are black, dead. She looked at my child and said, that clever children have "light heads", and my child had "black head" - that are dead brain cells. I liked her, he said me what I wanted to listen to. She said something, what helped him".
- "We visited the mentalist, we were said that we have a good girl. That there are no great problems".
- "I was recommended to visit one elderly woman. She released my child from the fright and said that he was hexed, and that I was hexed too. All in all she broke the hex spell. After that he became calm, and became feeling better".
- "Then I went to another healer, she sprayed us with holy water right out of the gate. The woman gave me some herbal brew. I came wearing winter coat and laid at the sofa at once, I couldn't even put off my coat, I felt heaviness in all my body. In the morning I woke up and everything was OK".
- "We went to the healer to Krasnoborsk (settlement). When we went out from the healer my son took a stick and cried: "Mosquito, mosquito!" That was the first word which he said till the moment when he became sick".

Positive conclusion from the part of different magicians, mentalists, healers are considered to be the reason of strengthening of parents' psychological protection mechanisms concerning the rejection of the mental disorder.

Finnish respondents also visited different representative of untraditional medicine, willing to help their children. But they were more skeptic concerning the results of such visits:

- "I believe in traditional medicine, but my friends persuaded me to visit one woman. She asked questions, and in the end of the talk she said that everything will be OK, if we will take pills and follow recommendations of the doctors. Of course, I made the same things before; I didn't get to know something new."
- At first we tried to heal the child by homeopathic means, we visited homeopathist, but then we returned to the traditional doctors".
- "One mentalist told me that we should change the school. And now I see, that it is true".

Depressed state of the parents and admission of the problems require time for understanding of the events, Requirement to visit the specialists appears not at once. As a rule,

medical specialists (general practitioners) are the first instance of the family which may explain the parents reasons of the child's problems. When the respondents from Russia were asked a question on a need of specialized assistance, they took some pause, reminding of their first visit to the specialists:

- "It took me some time to call to the Centre. At first I was getting used to the situation, and then I decided that I should call there."
- "It took me some time before I decided to go to the doctor, at first we discussed the situation with the family, we postponed the visit to the clinic".
- "I thought that we should do something, but I didn't know what exactly".

At that Russian parents are very distressed because of unavailability of emergency specialized help, impossibility to begin the compensation of the mental deviations since the moment when they were determined.

During the interviews Russian families complained at the lack of information about services and specialists, working with the problem children.

- "We acquired some acquaintances; they recommend us where to go. But still there's no information. We have only a "jungle telegraph".
- Except for the Early Intervention Centre we had to search all the services by ourselves. There's no information. We asked our friends and they helped us to get into the Special centre. Nothing will be impossible without acquaintances. Why is it so? I don't know."
- Via our acquaintances we got to know that there is some centre in Arkhangelsk...there's no such information in clinics, another question - how to find psychologists, defectologists, logopedists and other specialists. It seems that they live in different worlds and know nothing about each other".
- "My husband's friend works in the orphanage. She invited us to visit her, she looked at Artyom. She asked: Haven't you really visited any specialists? It's high time to go to the specialists".
- "It is very difficult to find good specialists in Arkhangelsk, only friends may help. It is rather bad situation".

Such negative emotional response may be considered in the aspect of guilt complexed, mentioned in the works of Solnit & Stark (1961), i.e. deep will of the parents to overcome the event and compensate its consequences. On the other hand, lack of the certain services, especially at the first stage when the child's problems appeared, intolerance if the specialists (especially at the initial stages too) lead to the incomprehension of the requirements and values of the families. All these facts lead to the inadequate choice of methods of help (visits to the mentalists and representatives of untraditional medicine).

It should be noticed that during the interviews with Finnish respondents nobody complained at deficiency of information, connected with the first visit to the special centre; parents turned out to be more adapted to the social interactions, but still they also needed some time for the understanding of the problem:

- “The doctor gave me telephone number of the clinic and recommended to visit a specialist concerning the problems of my daughter, I called to the specialist after some time, at first I tried to understand the problem, I always thought about my daughter’s future”.
- “I noticed that the second child is special...but still...I and my elder daughter thought that he’s just a boy...more serious...less communicative. I understand that we should have started the treatment earlier. When we went to the children’s psychologist (upon the recommendation), we were sent to the special services at once”.

Thinking about problems of the Russian families, which they have to overcome at the first, maybe the most difficult period of life, when the disease of the child is determined, we should also mention rigidity of the system providing help for the family, and it strengthens parents’ social deviation greatly.

Comparing the same aspects of life of the Russian and Finnish families we should notice positive trend of change in attitude to the people with mental disorders, which is traced in interviews with the Finnish families. This trend is a result of “social shift”, begun in the middle of the 20th century, which is known in the Scandinavian countries as conception of normalization, where understanding of social problems of the person prevails over biological disability.

The interviews didn’t contain questions concerning religious aspects of the child’s problem. But some parents told about religion, they apprehended the disease of the child as some trial. Many families ask the question :”Why me?”. They just can’t understand. Looking for the answer, parents think about their sinfulness and the punishment for it, or they make a conclusion that life is unfair.

Finnish respondents:

- “I have two children and both have problems. I often think that it is not on occasion. Maybe it is punishment for my of husband’s sins. He had never thought about it, but I try to be better, to live better”.
- “Before I often asked the God why I was punished so much, especially when my husband left our family and I left alone with my children. But elder daughters helped me with the problem child so much, I think that we will be managed to overcome all difficulties”.

Russian respondents:

- “Many people apprehend the problems as punishment. My mother-in-law is a good person. But when some troubles happen, she thinks that it is a punishment of the God. It means that the

punishment is deserved. That is the attitude of our society. If you have some problems with your child, it means that the God punished you”.

- “There is some bewilderment. Mother and father are healthy, but something wrong with the child. What does it depend on? They don’t drink, they don’t smoke. Why is the child ill? That is because of the parents, they are sinful and they should pay for their sins.”

- “I talked to the priest, I asked him. He said me that I am strong, that’s why the God gave me such a burden. It means that I can overcome it.”

Guilt complex is apprehended as a reason of the birth of the child with mental disorders, when the disease is explained by the punishment for religious, ethic or moral norms of the society. (Nixon & Singer 1993).

Thought about sins increase the guilt sense. These processes deepen the problem of stigmatization. Stigma, connected with mental disorder “infect” also the family of the child, at that mental disorders stigmatize the family to the largest extent in comparison with other disabilities. As a rule parents think that they may satisfy their sins by extra care of the child, which may become a reason of in-adaptability, problems with social adaptation.

Russian families are characterized with a will to correct all deviations of the child’s development, sometimes placing inflated requirements to the child (attendance of large number of additional classes).

We often have additional lessons with defectologists and logopedist, besides we have additional classes with another specialist that is complex assistance. Besides we have individual dancing lessons”.

- “We visit choir, she likes it...”

- “We try to provide the child with everything. We have classes with a private specialist 3 times a week, we have classes with logopedist 2 times a week. Every Saturday we go to the stadium for physical trainings, it helps to improve the health. I think that movements are very important, we develop hands, we draw, we work with hands”.

- “My son likes computer, Internet. Now I see that it was good that we decided to connect Internet. He makes his own programs”.

Such way of life as “permanent struggle” for the child, assertion of his rights for good living standards among the other people are far more typical for collective societies (as was Soviet Russia), where according to Hampton & Xiao (2007) there exists a high level of social stigmatization and “interdependence” is highly estimated. As a person is a part of the group where everybody is equal, then the disability of the person and impossibility to correspond to the “group” promote his denial. So, base values of the collective society is a source of negative

attitude to the people with deviation in development (in the context of this research negative attitude to the child with disorders leads to the depreciation of him and members of his family).

So analysis of the interviews demonstrates that existence of deviations in mental development of the child has negative effect at the dynamics of interfamilial relations both in the Finnish and Russian families. Russian families are characterized with high level of mental stress of the parents, connected with many factors, including process of negative standing out of the child and family in the whole, it stigmatization, which is began since the moment when the existence of mental disorder is confirmed. Prevailing of the set of problems and relative limitation of special assistance availability among the Russian families, promote deeper concentration at the problem of the child with mental disorders than the Finnish parents have. Respondents of the both countries tend to look for the reasons of the problems of their children, which promotes self-stigmatization (sense of guilt), as well as psychological protection, revealed in denial of the mental disorder, and becomes a reason for addressing to the representatives of untraditional medicine. In the major part of the Russian families neurotic type of the attitude to the child prevails (a will to correct problems during short period of time, striving to influence at specialists and assistance services etc). Finnish families are focused at the personality, its uniqueness, which gives the families an opportunity to live along with other parents.

Specified aspects of the problem concerning attitude of the family members to the child with mental disorders demonstrate that such a problem shall be considered not only through the problems of the child, but also through the study of the factors, leading to the stigmatization of the family, which directly influences at the successful adaptation of the child and his family in the social environment.

3.1.2. Attitude of the families, bringing up children with mental development defects to the social surrounding on the context of stigmatization problem.

Stigmatization of the family, bringing up a child with mental development defects, is a bidirectional process. On the one hand, existence of mental disorder leads to “self-stigmatization” of the family. The family tries to protect itself from the attention of the wider public, it is clearly visible in the expressions of the parents:

Russian families:

- “My parents divorces when I was a teenager. I see my father very rarely, he is busy with his own business. Of course, he knows about problem of his granddaughter, but we don’t discuss it with him”.
- “A woman came to us to do the makeover. She tried to get to

know something, she asked questions all the time. But I said nothing. There's no use to talk about it. People react strangely, they begin to give examples. Even though those examples are from the other spheres, they had never come across it. Why should they discuss it?"

Finnish families:

- "I have 5 children. When the last child was born, problems with mental development were found, my husband left our family. He doesn't want to know anything and I don't want to discuss anything with him, and I broke up with his relatives, I don't want them to say something about the child."
- "I try not to discuss anything with my acquaintances. People will never understand the problems of others at full breath".
- "Before I tried to talk to my friends, and know I need a help of psychiatrist. I am absolutely alone, I retired into my shell".

Self-stigmatization is also expressed in perversion and limitation of social environment. Mothers need social support, but due to existing numerous difficulties and problems they become unsociable and limit their contacts. In the interviews parents often say about reduction of the social network, referring to the problematicity of the child.

Russian families:

- "When it turned out that our child has some problems, our social circle reduced significantly. And such reduction is connected with the son."
- "We communicate only with those people, who managed to understand us".
- "I have a sister, I call her on the phone. She can't help me, but still, she is able to listen to me".
- "I don't have friends. And if we talk about my husband's acquaintances...There are some of them who were able to understand Artyom, but some of them just stopped visiting us. We lost such friends.

Finnish families:

- "I am left alone, it is very difficult, very difficult...especially if you have some problems with your child".
- "I need help so much, I want somebody to support me..."
- "Grandparents call us so rarely. They think that it is a problem of education, not a disease. They think that we don't pay him enough attention and that is why he behaves like that."

On the other hand family is stigmatized by the surrounding. Unusual behavior of the child, impairment of some abilities, existence of some nonstandard interests often arise curiosity and hostility of the surrounding. Answers of the respondents confirm that these facts lead to emergence of additional barrier, limiting the family from the contacts with the society.

Russian respondents:

- "People are angry, notwithstanding that they have inadequate children themselves. People shouldn't behave like that."
- "Surrounding people sympathize with us, but deep inside they feel relief that they didn't come across such a problem. It is something absolutely Russian... if you tell about your problems, people sigh and say: Thanks God it didn't happen with us!". I just scan it with my own brain."
- "We went somewhere by the public transport. Artyom likes to sit near the driver. A woman was sitting beside him, I can definitely say - she hasn't got her own children. The bus was swinging, Artyom leaned at her. She told him to move over, and then shouted: "Is your child an idiot or if he deaf?". The woman began to push around. I said her to take a taxi, if she didn't want to sit beside the other people. I was polite with her. I was offended, I tried to protect my son. This woman is not a normal person. I told her: "Lady, I am polite with you, why do you behave like that?" And she began to insult me."

Parents are affected by repeated psychological traumatic experience, connected directly with the health and and peculiarities, this factor is especially significant. New traumatic situation (foreclosure of the child by the surrounding) is estimated by the parents as more difficult. Every new stressful situation is becoming deeper and longer.

- "Such situations happen in malls or in public transport... Some people say that he is an idiot or that he is a bad-mannered child. They just don't understand that the child is inadequate, not ill-bred.
- "I worry so much when we rest abroad for 3-4 weeks. Children form some kind of "groups", but the girls don't want to invite her, because she doesn't know the rules of the game. She is always very upset because of it.
- At first my friends visited us, everything was OK, they managed to contact with Artyom. But the more they came to us, the more they cloistered from him.
- "One girl even began to sneer at my son. She sneered at him. Since that time he doesn't respect girls."
- "At least, there wasn't this one. Tax service constantly send me cautions, they say that I must pay 84 rubles. They would file a charge against me. And if they must to pay you something, you would never manage to collect all the certificates and extracts, they need. And then you would wait near their offices for hours, sit and wait together with ill children, it wouldn't very good for the health of poor children"

Finnish respondents:

- "I think that surrounding people don't understand us. For example, our neighbors don't like when our son is walking alone. They are afraid that he can damage something or cycle at their territory. That's why I always try to be near him, besides he likes to ride a bicycle so much.

- “My husband left me, now he lives with a young woman. She turns him against me and the children. At least, she could support his communication with children, they need him so much, but alas!”

- “My daughter didn’t go to the kindergarten, because my elder daughters helped me. When they go for a walk, parents always pay special attention to my elder daughters, they control how they look after my small daughter”.

And at the level of psychological protection (emotional-social stress), it may lead to the development of neurotisms of the parents.

Beside the reduction of the contacts with friends and relatives, we can trace a trend for changes of the social network. Particularly families emphasize importance of acquaintances, which may facilitate settlement of the child’s problems:

Russian families:

- “If a person (who is not my good acquaintance) is “in the know”, for example, a medical or social worker, I may begin to talk to him myself, I ask about the problems of the child, I consult with this person.”

- “My social network has changed. Now everything is connected with daughter. Thanks to the child we communicate with specialists, sometimes we have some personal relations, we interact with each other”.

Finnish families:

- “I am a nurse. When it turned out that my child have some problems, I began to study special literature, then I retired and began to work in residential home for people with psychological disorders. The child attended another institution, but I knew a lot about such people, I communicated with medical workers, nurses, doctors.”

- “Very often I work at night shifts. When I have such a possibility, in the afternoon I go to the centre, which she visits daily. I met other parents there, some holidays we celebrate in the centre”.

Sense of exclusion of the family is a consequence of stigmatization and is determined by the set of such parameters, as limitation of resources (more typical for the Russian families), absence of variety of connections in close and general surrounding of the family, which characterize the situation, existing in family, bringing up a child with mental disorder.

According to the parents, their child with mental disorder is perceived by the peers as an unequal partner, who doesn’t admit rules of the “children’s” group, with whom it is not interesting to spend the time.

Russian respondents:

- “My son comes along with other children very bad at school. He doesn’t communicate with them. He doesn’t have friends. He is interested only in some certain moments of life, for example, he likes to watch football. And other children don’t like it, they like to play with their mobile phones. That’s why they don’t want to communicate with him.”

- “Children relate to my child with incredulity, and I love him, and I want other children to admit him.”

- “In this age girls always form some “clubs” according to the interests. But we are behind it”.

Finnish respondents:

“As a rule my child communicate only with me, he doesn’t have any friends at school, sometimes he meets with children, who also have some mental problems and are integrated into classes. He never stays at school after classes, he always returns home. He plays far more with computer than with people. I think, that it is very difficult for other people to communicate with him, besides he has such a disorder, which makes all the contacts almost impossible.

- “My daughter has friends with the same problems in rehabilitation day centre. I’m really happy that she found friends with the same problems. In such surrounding she doesn’t feel that she is special. And in every day life she communicates with sisters. We love her so much.”

In above mentioned expressions we may trace behavioral component of stigmatization, which appears in actions and deeds and is considered to be the most significant as it is the most obvious.

In the relations with close relatives and acquaintances (from the interviews with respondents from the both countries) social isolation is expressed in detachment and alienation and, probably, it is connected with stereotypes, which help to avoid failures concerning communication with such families.

- “Our neighbor asked me to sell her Artyom’s boots, as their financial situation is not very good. And her daughter said - why do you take Artyom’s things, his disorder may pass to our child. I still don’t communicate with my neighbor, but I say hello to her, and she doesn’t. I was really offended.”

- “We are not against these people, but they just stopped to call us. They just forgot our phone number. But sometimes I call them, I congratulate them with holidays”.

- “Relatives never call us. They never ask about the child. They even forget about his birthday. It is very offending”.

So, we may notice distortion of connections with surrounding both in Russian and Finnish families, concealing of the child’s problems, which enhance the process of stigmatization of the family, prevents it from the normal social psychological functioning. Families have a trend for prevention of the situations, in which inadequacy of the child may be

revealed, at that such a tendency is far more strongly marked in the Russian families - they avoid or refuse to contact with the social network. Stressful situations, entailed by the denial of the child with mental disorder by the surrounding, promote further neurotization of the parents.

3.1.3. Attitude of the families with the specialists of medical, educational and social institutions in the context of the stigmatization problem.

The problems of relations between the parents and services, providing medical, social and psychological assistance, require special discussion and comparison. During the analysis of the interviews with Russian and Finnish families we managed to reveal differences in character of their attitude to the psychiatric services (in particular to psychiatrists, psychotherapists).

For the last ten years Finland, which always had rather large number of people with mental disorders, has a tendency for their reduction. Assistance for the people with mental disorders is provided by different organizations, including public institutions, primary health care services, general hospitals, psych wards and hospitals (McDaid & Thornicraft 2005). Parents of the Finnish families are rather well informed about the system of primary health care services and supplementary services:

- "I know almost everything about this institutions and services, where we may receive specialized assistance. At first our doctors told us where to go, then, step by step we got to know where we can receive assistance in our district."

- "I have information from the doctors. I know that general practitioner may help us in emergency case and provide primary mental care. We had such situation with Miko, but general practitioner came to us, he examined the child and said, that the situation is under control.

Besides all parents of problematic children are sure in competence of psychiatrists and efficiency of mental treatment, express positive impression from the visits to doctors.

- "If we have an opportunity to visit the psychiatrist - it is very good. People do need help, I think that it is a normal common thing." At the moment I am a client of psychiatric ambulant service. I visit psychotherapist because of the problems with my family.

- "My son thought about suicide, he told me about it and we were in the psychiatric hospital, where psychotherapist and psychiatrist worked with him. I am very grateful with them.

- "My attitude to the psychiatrist is OK. My daughter needs his help. After the divorce I also visited the doctor. He helped me to overcome the depression. I think that it is a normal situation."

Finnish respondents emphasized adequate attitude of the representatives of the medical-social services to the participation of the parents in assistance of their child, they also highly estimated constructive dialog with specialists.

According to Russian respondents attitude to the representatives of the mental health services is not always very good. Phenomena of social stigmatization, concealed under the clinic conclusion of the doctors, increase negative attitude of the people and is one of the sources of psychological protection.

- "Psychiatrist looked through our medical card and said: "Thanks God that your child has only this diagnosis..."

The investigation reflects contradictory attitude of the parents to the psychiatrists. On the one hand respondents feel distrust, emphasizing directive, formal, non-collaborating attitude to the patient during examination of the child, as well as bad organization of the attendance; they mention general impressions from the visit to such a specialist:

- "In the health centre I was said that my child behave badly."

- "They snapped me in the psychoneurologic clinic, I even had to calm Dariya down.

- "A woman, employee of the clinic shouted at me, she said that I should teach the child how to behave well. I think that it is very strange".

- "Of course, vigilance exists. I visited psychiatrist several times, but I didn't like his attitude."

- "Sometimes they are even cruel. They have some toys, magazines for grown-ups, dated books. And when we come there we have to wait for an hour. They work as a conveyor - come in - go out!".

- "Psychiatrists don't look at us. They ask some inadequate questions, connected with the child. The attitude is awful. Formal. We came, signed, went away."

- "There are psychiatrists, who think, that they are professionals, they use only medical terms and we don't understand them."

In accordance with above mentioned, visits to the psychiatrists are considered by the parents to be some last-evil measure, connected with formalities concerning collection of benefits or medical purposes:

- "We go to the psychiatrist when the need arises. We have annual commission, but I don't see serious problems which require permanent visits to the psychiatrist."

- "One time I gave a remark to the doctor. Why do you make us to come here, to undergo medical tests, to visit other doctors, if you only look through the medical card?"

Doctors' traditional clinical access to the mental disorder is criticized by the Russian respondents because of commonality and disregard to the personality of the child, his individuality, as well as for the treatment of some abstract disorder but not a certain person.

- “The treatment is only medical. I think that autists don’t need any medicines. Doctors should talk to them, calm them down. They don’t need any pills.”

Any efforts to attract attention to the “capabilities” of the child and to apprehend him as a personality strike against “standards”, according to which the child is considered to be “incapable”, having some “problem”.

On the other hand families divide professional and personal traits of the doctors. In spite of the negative summarized image of the psychiatrist, interviews also reflect positive or at least neutral responses:

- “The only good psychiatrist is Anna Borisovna”.

- “What to say - I trust psychiatrists to some extent. Everything depends on the person and his personality.”

Some neutralism in respect of mental therapy may be explained by the parents’ understanding, that success of the treatment, determining correction of the child’s behavior, is able to smooth their stigmatization.

Russian and Finnish respondents approve pharmaceutical treatment of the mental disorders, even though they consider that they are not competent concerning this issue:

Russian respondents:

- “So...if investigations exist...they should help...”.

- “I know a girl, she has schizophrenia. She always takes some medicines. It helps her”.

- “In our case we stimulate the brain with the help of the pills. It helps us. Sometimes I think that I should take some medicines myself...for the stimulation...”

Finnish respondents:

- “I took antidepressants, I think that they are very effective in case of combined therapy.”

- “Periodically we have medicamental course of treatment. It helps the child to control oneself. And all members of the family feel calmer”.

- “We tried to help the child with homeopathic capsules. At first we wanted to avoid chemical medicines, we paid special attention to the child’s nutrition, we took Omega 3 vitamins, but finally we returned to the traditional treatment, as there were no expressed improvements of the cancellation of the medicines”.

Very often stigma plays unfavorable role in recommendations and actions of the specialists, in their information for the parents of the child. So during one of the interviews with Russian respondents one mother emphasized unprofessional behavior of the psychologist during the consultation:

- "I didn't like his expressions very much. Then special separate work was carried out with us. Psychologist told to my husband that such families always divorce and asked him when he is going to leave me, can you imagine that?"

It is very important during the consultations to understand that parents of the children with mental disorders are not only objects of medical and social treatment, but also subjects of their own life activity.

At the same time stressful influence of the child's defect at the parents mentality is expressed in negative feelings in the form of emotional outbursts, aggression, aimed at the surrounding world, particularly at the specialists, working in the sphere of medical-social and psychological-educational assistance. Russian respondents complain at difficulties, connected with contact between the specialists and children, neglectful attention, nonobservance of professional ethics, low level of competence:

- "Specialists just are not able to communicate. In read about requirements for the specialists in Western countries, it is very difficult to become a psychiatrists, not everyone manages to do it. But here...we don't have such a practice."

- "I understand that people want to help, but it is very delicate case. If they don't know how to work, they may spoil everything. They don't want to make harm, but they elbow clients aside."

- "We visited special teacher. She said that it is very difficult for her to talk with us, that nowadays there are very many such children. And I understood that I bark up the wrong tree."

- "Nobody managed to contact with Artyom. Nobody wanted to help us."

- "I saw how the teacher of special school shouted at children, disabled children in chairs. I was shocked".

- "There are people who love their work, but some people really hate it. They just earn more in such special institutions, that's why they work there."

- "When the weather was so frosty and children were not allowed to go to school, we missed examination at social security medical assessment board for the prolongation of the certificate, confirming disability. We were late for 5 days, because of the weather. They made us a certificate with interruption. They told us about it so maliciously. As if we earn something be means of this pension. It is very difficult".

Comparative analysis of the interviews shows that Russian families tend towards negative assessment concerning relations with their specialists and see existence of stigmatization and discrimination. At the same time Finnish families assess their contacts with such institutions positively:

At school we met with social worker, teacher and other specialists. We made individual tests with each of them, special educational program was prepared for us. Of course it is rather

difficult for my son, but we manage with everything, every month I come to school to talk about problems and successes.”

“In the clinic I was offered to fill-in the questionnaire about family, education...The woman was very polite, there were no any problems”.

My daughter goes to the centre for people with mental disorders. We leave near it, and she goes there herself. And besides I know that my daughter helps other children, who are younger than she, she plays the role of care assistant, and I hope that in future she will be able to work in this institution.”

On the other hand the position of the Russian parents is explained by the critical condition of their emotional sphere and is a process of adaptation to some new real-life situation. Lack of alternative to receive medical-social and psychological-educational services near the place of residence of the family causes economical problems for the parents, up to stoppage of their working career. Besides, blocking of attainment of the goal, which is very important for the family - restoration of the psychic health of the child - is one of the main reasons of feisty mood towards the surrounding.

Reason of the additional stigmatization and discrimination of the families, having children with mental disorders, may be their dependence on state structures during the receipt of the social services.

According to the responses of Russian respondents, one of the parameters of exclusion is an impossibility to choose the way of provision of their social rights:

- “Nothing is well-advised here. There is no social welfare, no support. I talked to one Mom, who deals with promotion of such work. But in general there is nothing for such people.”
- It is very difficult to obtain information about few services for such children. We have to search information among acquaintances... We collect information in parts. There is no advertising of the support centers in psycho neurologic dispensary.”
- “Why there is no centers where our children could be educated together with normal ones. Of course, available concerning the price. To tell about our city...all services are very expensive. We spend all the money to pay for private specialists. It is cheaper to pay for the services unofficially. And official cost is high. Of course, it would be very useful if everything was organized in one centre. And what we have now...at first we go to special teacher in one end of the city, then to the other specialist (speech therapeutic) in another end of the city.
- “We are very humiliated with it”.
- “In our country all responsibility is born by the parents, everything depends on money. If you don't have money - you won't be rendered any services.

Involuntary unemployment, or partial employment of the mothers in such families is one of the problems in social position, which leads to the discrimination and exclusion.

- "I have to work only for half a day. Otherwise we won't manage to visit all the specialists".
- I am a lonely person. I don't have neither mother nor father. My husband is always at work, I had to retire because of Artyom, and now I'm almost always alone."

In the interview with the Finnish families economic aspect (reduction of the working day, retirement, lack of money for additional services) was not mentioned. Even though, actually, two parents of the Finnish families had to work at night shifts because of the problems with children, one parent left his work when it was discovered that the child had some problems. Finnish parents only were unsatisfied with the fact that they had to wait for the psychological assistance:

- "We don't have enough psychiatrists, we don't have a chance to visit the specialist in time".
- "Yes, there is a lack of psychiatrists in Finland. We were waiting for the child psychiatrist for two month. Before that moment there were no free time during the working hours. But now I'm glad that my child is provided with assistance. He even stayed in hospital in Kotka (town)".

So, above specified material reflects differences in the attitude of the Finnish and Russian respondents concerning cooperation with the specialists of medical-social services. Russian parents tell about the facts of stigmatization, which are expressed in formal attitude and negligence of the family interest, non-observance of the professional ethics, low competence in the process of consulting. Besides, two significant factors may be emphasized at the interviews, these factors promote limitations and restrictions of rights of both children and parents, they are economic one (payment for the private specialists, remoteness of the services from the lodgings) and informational one (lack of detailed information on the services for parents and their children with mental disorders). At that parents from the Finnish families are dissatisfied with lack of timely psychological assistance. In the whole Finnish families demonstrated awareness on the issue of provision of their and their children's rights.

3.1.4. Concept of the people with mental disorders and attitude to them in Russian and Finnish societies.

Taking into consideration different aspects of engagement of the families, bringing up children with mental disorders, with the social environment in the context of stigmatization, we were interested with the idea of the families about the people with mental disorders, as well as investigation of the attitude to them. Accordingly we asked the families several questions, connected with the concepts (existing in the society) of the people with mental disorders, allowed limits of communication of the parents and their children with such people (children).

In the context of this work we relied on the theoretical model of the human relations by Myasishchev (1998).

Concepts of the mental disorders and people, suffering from them, were considered as a cognitive component of the stigma.

So, in the course of the interview, we discovered that according to the concept of both Finnish and Russian families, people with mental disorders are represented as dangerous and unpredictable on the one hand, and weak and helpless on the other hand:

Russian families:

- "I am always very cautious with other people. People may be unpredictable. Their behavior is unpredictable. As if you entered into the lift with a huge man, you begin to be afraid of him. You don't know what a kind of man he is."
- "My brother's wife suffers from schizophrenia. It is very hard expression. In thought that she is ill-bred, crazy".
- "We had a neighbor - a boy with mental disorders...he was very strange".
- "Very often attitude to such people is negative".

Finnish families:

- "Sometimes you just see, that a person is inadequate. You never know what he thinks".
- "Before the case with my daughter, I always tried to avoid people with mental disorders".
- "They (people with mental disorders), grown-ups - are so shabby".

Parents obtain their concepts of the people with mental disorders both from the personal experience and stereotypes, existing in the society.

Research concerning the stigmatization through the emotional component turned to be less available. It is connected with a fact, that answered of the parents (according to our opinion) are misrepresented due to the effect of social desirability:

Russian families:

- "I feel sympathy to such people. I try to understand them".
- "I think that all this situation is very difficult for the parents, it is such a burden to take care of such person".
- "When I lived with my mother, when I wasn't married, we had such a neighbor. I took well to him".

Finnish families:

- "Now I understand such people very well".
 - "I think that in our society people don't like gypsy people far too much, then people with mental disorders".
- "Our family is very tolerant to such people".

In connection with it during the interview we asked the families questions, connected with concepts of the people with mental disorders as well as behavioral mindsets in relation to them, but with the emphasize at the subjective opinion. It is allowed to exposed an emotional component (along with behavioral and cognitive one).

As an example it is practical to affirmative answers on the possible friendship with children, having the same problems, of all the respondents, bringing up children with mental disorders:

- "Friendship with children like my daughter doesn't frighten me. Let them be friends."

- "I'm not against it. I don't have any questions to such children".

- "I would take it well".

- "I think that friendship with such children is very significant".

- "My son communicates with children like him".

At that according to the responses of the Russian parents it was found that they have intolerant attitude to the children, having diagnosis, different from the diagnosis of their child:

"If a child has autism, I don't have anything against the friendship, but if he has schizophrenia or something else - of course I am against".

- "When we came to the class there were three persons with Down syndrome, it was really awful".

- "And concerning the children, who are lame, or who have other disabilities. My son look at them and he has negative attitude to them. I felt it myself."

- "And when another child with mental disorders was at the lessons, my son apprehended him not very well. Another boy was very aggressive. He pinched my son, he was breaking the toys."

- They fight with each other, they bit each other. The just run here and there at the break, grab, shout".

- "There was a girl with Down syndrome in our kindergarten, then he came to school, she cheesed him off. She grubbed his hair, she even ripped out a clump".

Parents from the Finnish families talked more correctly, but they supported the opinion of the Russian families:

- "In the special school there were the children with the same problems, as my daughter have. I was calm, because I knew a lot about this disorder. But if there were aggressive children, children with other mental illness, I think I would worry more, because they might offend her".

- "It's not always very good when the son communicate with children like him. I am very afraid of negative influence of the Miko's friends who has some disorders. I mean, that when they are together something wrong may happen".

- “My older daughter suffers from anorexia, we visit psychiatrist with her too. I think that it all because of her friends... And it is very frightful. That’s why there are also negative moments of communication between normal children and problem ones”.

Looking through the interviews with parents, talking about children with mental disorders, it may be noticed that the families admit people with mental disorders as members of the society, but they try to avoid more close contacts:

- “There is a stereotype - to keep far away of such people. Even I have the same stereotype.”

- “If a person is impetuous, uncontrollable...I just can’t accept it”.

- “He feels well. But the people beside him feel badly...”

- “Many people in Finland think only about insanity of the people with mental disorders. They know only about schizophrenia, that’s why they just label all the people, notwithstanding the diagnosis they have. He has schizophrenia, he’s crazy, that’s all!”.

During the investigation of the problem of stigmatization of problems with mental disorders, our attention was attracted by the expressions of the Russian parents about the senior people, whom they associated with mental disorders and mental troubles:

- “I don’t want old grannies to be my neighbors. They may forget to turn off the gas or the iron. I am a very nervous person concerning such things”.

Talking about the experience of collaboration with specialists of medical-social and psychological-educational services, Russian respondents also draw attention to elderly specialists, they emphasize their inconsistency, bad physical and psychological health, talk about bad experience of communication.

- “We visited special teacher. She was an elderly woman. I was warned that she put out her over-denture during the appointment, it was at the plate directly on the table. She said that it is very difficult for her to talk with us, that nowadays there are very many such children. And I understood that I bark up the wrong tree.”

- “There was one old nurse in our kindergarten. She was very ill and old. She didn’t like her job. She shouted at the children”.

Negative attitude to the elderly people, which were expressed by the Russian respondents into the interview may be connected with permanent stressful situation, existing in the family, which is dramatized by the interconnections with other social groups, who are also subjects of stigmatization, and lead to the further neurotization.

On the other hand, according to Haghighat R. stigmatization theory (2001) suppression of weak people is profitable for the person, as it allows to promote oneself. It means that the parents’ efforts to avoid stigmatization make them to play the role of stigmatizers in relation to old people, emphasizing their age, sickness by means of their own self-assessment and marking

of weaker and more worthless people. Such position was reflected in the interview with one of the Russian mothers:

- "Positive thoughts appear, when I compare our situation with a worse one. I can't explain why. But if I think that some people have worse situation than me, I feel really better."

So, the families, being stigmatized by the society, demonstrate stigmatizing behavior in relation to people with mental disorders (all respondents) and other vulnerable groups (Russian respondents). Standing the problem of the child out of the context of mental disorders, parents demonstrates tolerant attitude only to the people with the same disorders. The term "mentally handicapped" respondents associate with severe mental disorders. Parents tend to avoid close relations with such people, they think that they are uncontrollable, dangerous, that they are weak members of the society, which may influence other people negatively.

3.1.5. Attitude of the families to the inclusive education in the context of stigmatization problem.

During the investigation of the problem of stigmatization of the families, bringing up children with mental disorders we should mention the issue of integrated (inclusive) education, which gains popularity in Russia and is considered to be key one in discussions and in the social policy in the whole in relation to the people with disabilities. Since 80th integration - is the main state policy in Finland too in the sphere of the special education, even though there's still a parallel system of special schools, classes for some people (Halinen & Jarvinen 2008). Efforts to integrate disabled people into existing social environment even now continue to face with different obstacles, even though significant progress was gained in comparison with the situation, which existed several dozens years ago.

During the interview it was interesting for us to discover opinion of the parents where it is better to educate children with mental disorders: together with healthy common counterparts or in special schools.

Results were very complicated and dubious.

Question about education of the children with mental disorders becomes relevant to the age of the education at school, as due to the lack of some sensor or physical disorders, mental disorder may be determined only after some time (sometimes even several years) after the birth of the child.

Supporting optimistic orientation at the future, Russian respondents (1 group) gave affirmative answers - they approve integration of their children to the ordinary common schools. Main argument in the favor of common educational institutions - is more developed

environment, normally developing counterparts, which may play a role of some model, to become an example:

- "Of course, we, as all parents, want our child to be in developed environment. We want our child to reach after normal people."
- "I am for integrated education".
- "I think that it would be better for Artyom to study at normal secondary school".
- "Here we have the question of social environment, of people. We are social people. Especially children. They are very sociable. They need mainstream, they need society, environment, which is more intellectual than they are. There are many things, they should reach. They shouldn't look back, they should look forward. They should reach for successful capable people."

On the other hand, there is one very offending prejudice against education of the children with mental disorders in common secondary schools, according to this prejudice such children with mental disorders may influence negatively at the other pupils.

- "My daughter will weight down all the class".

According to the parents, main obligation of the school is to create positive educational space for the children. But what is more important, it should be safe and friendly. So, according to the interviews, education in schools for normal people is considered as a physical and psychological danger for the 'unstandard' child. Parents, whose children have experience of education in normal secondary school, give example of scornful and rough treatment from the side of the children's social environment, besides they emphasize negligent attitude of the teachers:

- "We have really huge groups and indifferent teachers. They need to be more humane".
- "For example, my friend's daughter began to stutter in standard kindergarten. They don't go to this kindergarten for a year, furthermore they can't even go near it. The child just begins to cry. How could they drive the child to such state!"
- "There are very many children in the group. It is not very good. My child caught a cold at once. Besides, we were kicked."
- "Nobody will pater around such child".
- "Children are very cruel too. They offend, humiliate".

Estrangement of the teachers from the responsibility for successful adaptation of the problem children into the common educational space is expressed also in those fact that, many of them use discriminative criteria of the children - progress in studies (ability to learn), social background of the child's development, his "ease" in group/class. Parents reminds of the teachers' expressions:

- "Take away your idiots".

- "He understands the program very bad. I don't understand how he would be able to study further".

- "One teacher called my son a "moron".

These criteria are transmitted by the teachers to parents and their children". Children, estranged by the teacher, may also be estranged by the counterparts and their parents. So there is a possibility of resonance of such exclusive attitude. Stereotype of negative perception of the child with mental disorders is very stable and rigid in Russian educational institutions. It may explain the depth of emotional stress of the Russian families:

- "I worry that someone may offend my daughter. Morally or physically. And she can't respond it. I am almost obsessed with it. I am always thinking how I can minimize these hazards."

- "I am afraid of mockery too much. Of course, i am afraid. I think that we should communicate with parents of older children, ask how they are settling such problems."

When the Finnish families talk about education of the children with mental disorders together with healthy counterparts, they also mentioned about advantages and drawbacks, but still all of them consider that education in special school shall be more beneficial for their child, then the integrated education:

- "My child is integrated in normal class, there are 22 pupils there, 2 of them have mental disorders. My child and one more pupil. We try to put him to the special class, because it is very difficult for him, he doesn't manage to do his homework. He also wants to go to the special class".

- "When Miko began to study, we had an assistant for one year, and now there is no assistant. We want Miko to study in the special class, with the children like him. There are audio books in such class, special teacher take care of the class, besides there are special PC programs for such children. Next autumn we will try to put him in such a class. My son has problems with communication. It will be easier for him to get along with one teacher, besides it'll be better if there are fewer pupils in the class."

- "I think that special school is better, because if she were in the ordinary school, she would never acquire such knowledge and skills, which she has now. We need special assistance; we need specialists who have certain education.

- "In special school such children feel better, they will receive more help there, pace of education is slower, they feel themselves for successful".

When parents have a certain experience, they see not only benefits, but also problems of the inclusive education. But the practice shows, that real integration is far more valuable than differentiated special education ("problem children need more, to be equal"). Teachers from

the common secondary schools don't have enough professional knowledge, which would allow them to provide adequate psychological-educational assistance, they are not always ready to integration and they find themselves into situation of professional and psychological discomfort. Problem child, formally included into the normal class, don't achieve that level of general psychological and physical development, which might be provided if the special development education is organized.

Of course parents want their children to receive required support for the provision of the access to the education protection from mockery at school etc. According to them this interest may be realized by means of certain provision and organization of education in specialized institution:

- "In special schools specialists oriented at the children far too much" (Finnish family).
- "I liked the atmosphere. And what the most important - I liked the attitude to the children. I want to be calm, I want my child to be provided care and support". (Russian family).

Positive attitude to the special education in the whole, respondents tend to deny seriousness of the defect of their own child, considering in far less expressed in comparison with other children, suffering from mental disorders:

Parents from the Russian families:

- "If another child is inadequate, my child copy his behavior, and I don't want him to do it".
- "Of course, it is a drawback, when problem children are all together in a special school. They should be divided into different groups. If a child is a Down, let him be with Downs, if a child is lame - let him be with lame ones. And autists should be educated separately. And what we see here - they are all in one class!".

Parents from the Finnish families:

- "I suppose better that children in one class should have the same problems, not different, I mean the same disorders."
- "I'm glad that my daughter has friends with the same problems as she has. That is life - and she managed to find people like she and communicate with them."

Less categorical expressions of the Finnish families and bitter opinions of the Russian families shows, that the parents, supporting integrated education, at the same time consider that the children should be divided by several levels. In such a way the policy "education for everybody" gives an opportunity to avoid the talk about the fact, that "everybody is equal, but still, there are someone who are more equal".

During the talk with Russian families about the priority of the education system (inclusive mode or special class/group), it was founded that all of them tend to choose special educational institutions, they reason it by the lack of the choice:

- “We are satisfied with what we have, we almost don’t have choice”.
- “In our situation we are not striving to attend ordinary school”
- “We were said, that we should go to the special school. And we would like to try to visit normal school.”
- “We were not offered any alternative. We wanted to postpone education, but my child is completed seven years, and we were told that it nothing would be better. So we found a school. But if the children in school have some serious disorders, we would go to the senior class, to the second, for example.

Looking through the above mentioned opinions of the Russian families in the context of political and legal approach to the exclusion problem (Schmidt 2006), according to which exclusion is considered to be “a deprivation of choice for the provision of the social rights”, it might be supposed that the problem of inclusion of the families, bringing up children with mental disorders, into the social life, remains to be relevant.

In the course of the interviews, it also should be emphasized that Russian families, bringing up children with mental disorders, meet specific problems. It is everyday accompanying of the child to the special school or to the lessons with specialists, which takes very much time:

- “I take the child to school, than I wait for him there, after the classes we go home. We go by bus with two transfers. I haven't been working for a long time - I spend all my time with the child.”
- “Nothing is well-advised here. Defectologist is at the one end of the city and logopedist - at the another. Is it so difficult to arrange one place for all specialists? This situation humiliates us very much. It’s really awful. I don’t have time for anything. I have to work only for half a day”.

Above specified facts expose discrimination of the families, bringing up children with mental disorders, as right for the territorial proximity of special educational institutions is not provided. Involuntary unemployment, connected with care of the child, reflects the gap in the social position from the part of the parents (particularly, of the mothers). Thinking over this issue in the context of modern economic approach to the problem of social inclusion, it may be stated that lack of professional employment, fixed income prevent the parents from achieving of the high social status in the society. According to the Gurovich model (2004) above mentioned facts of discriminating attitude to the families with children, having mental disorders, may also be called indirect discrimination, which appears due to the lack of conditions for the receipt of the social services. Legal rights, provided by law, are valid only in relation to discrimination, elimination of indirect discrimination requires efforts, which shall be made by the whole society and targeted social policy.

At the same time Finnish families didn't mention facts of indirect discrimination. Perhaps stable economic situation will allow to organize day groups for the children, without any limitations of parents' rights for work.

So, according to the families with children, suffering from mental disorders, educational environment is an additional exclusion factor.

Finnish families consider the term "inclusive education" in the context of education and skills. Russian respondents make emphasize at the social environment - communication with counterparts, teachers, at the fact of visiting the ordinary school, as well as ability to visit it. It should be mentioned that both Russian and Finnish families understand that in existing conditions full integration (inclusive integration) and full segregation (education in special schools) can't be considered as a decision, which may be clearly called optimal.

Integration may be reached only by creation of such educational atmosphere, when differences (even though they are really significant) won't be apprehended as dangerous and threatening.

Analyzing of negative experience of inclusion to the "normal environment" promotes increase of anxiety of the parents, having children with mental disorders. Families prefer to educate their children in special schools, where experts (specialists) work, and which are provided with resources, which will meet the needs of the child.

3.2. Attitude in Russian and Finnish families, bringing up children without problem in development to the people with mental disorders in the context of stigmatization problem.

Studying the problem of stigmatization regarding the families, bringing up children with mental disorders, I was also interested with families, which don't have such problems. As a rule, attitude to the people with mental disorders is formed on the basis of the following parameters: concept of the mental disorder, perception of people, suffering from mental disorders, attitude to the treatment, idea of psychotherapy and psychiatrists.

Analysis of the interviews with families (Group 2) allowed to estimate their concept about mental health and mental disorders.

I was determined, that respondents both from Russian and Finland have vague idea about mental disorder.

Russian respondents:

- "It is some disorder in nervous system? (pause) Disease of nervous system."
- "Some juvenilism".

- “Schizophrenia and Down syndrome - that is all the same, some mental disorders”.
- “It is a volatile person, person with damaged psychic, such person has nervous breakdowns, mood swings”.

Finnish respondents:

- “Some brain disorders, such people need pills”.
- “It is something genetic. Genes are in charge for the mental health. Everything depends on the genotype of the person”.
- “There are criteria, determined by the medical science. If we talk about people with mental disorders, it means that the diagnosis was determined by the expert, they know what it is.”

In their answers parents try to connect mental disorder with causes of occurrence. At that we should emphasize lack of clear ideas and concepts, which is confirmed by unstructured answers and long pauses. Some of the parents think that mental disorder is a disease, caused during the evolution of the child in utero (so-called biological model of the disease).

- “It means that evolution of the child is not completed, nature didn’t allow”. (Finnish family).
- “The brain was damaged during the evolution of the child, maybe he caught some disease, which caused mental disorder”. (Russian family).

Russian families also had an opinion that mental disorders reflect problems, existing in the society (social model of the disease):

- “Progress, computers, TV-sets. Too much negative information. Nothing is concealed. If it is war - they show as war. They kill each other, damage everything. Such atmosphere may cause disorders.”

First impression of a meeting with unknown person allows people to assign him to a certain category and determine his qualities, i.e “social identity”. According to the respondents image of a person, having mental disorder, is rather contradictory, but all in all he has some trait, which differ him from other people and is unwilling for him.

On the one hand respondents from the other countries sympathy such people and their families in the whole (a person with mental disorder is considered to be weak, requiring permanent care and help):

Russian respondents:

I saw such a child from the sidelines. I have a classmate, she has a daughter with mental disorder. Her development is the same as little baby has. It is awful. It is very very sad.”

- “People beside him feel badly... It is very difficult live beside such a person”.
- “It’s a pity that entirely remediless people will live till the end of their lives in such a state. Of course, they will never be respected”.

Finnish respondents express positive ideas and tolerance to such people from the part of respondents themselves (personal attitude), but they speak about less empathy (neglect, avoidance) from the part of the Finnish society in the whole:

- “When I was in the hospital, there was also a patient with mental disorder. Nobody communicated with him except me, he was a castaway.”
 - “I dealt with such people” They are all different, some have hallucinations, some are aggressive or have depression. I know that many people try to avoid communication with them, because they don’t know how to communicate. But I communicated with many of them”.
- During the interviews with the Russian families we traced significant social distance not only from the part of the society, but also between the respondents and people with mental disorders (as the image of mentally disable person is negative, people think that such person is dangerous):
- “If I meet such a person on the street, I always go aside. It means that if I see a person with mental disorders, I try to avoid him”.
 - “It’s better to avoid contacts with such people. It’s better to avoid them”.
 - “I am very vigilant with them”.
 - “I have never seen anybody, helping such people”.
 - “Other people say “He is an idiot, what can we wait from him?” Others just don’t want to look at him.”
 - “This category stays aside. Society avoids them. I try to go away as quick as possible, I try to forgive him at once, I don’t want his image to be in my head”.

Contradictory of people’s thoughts are expressed in the fact that people are ready to be humane in relation to people with mental disorders, but only in those cases when the problems of such people don’t affect them personally.

So Russian families have negative opinion concerning possibility of neighboring with mentally sick people:

- “Of course I don’t want mentally infirm people to be my neighbors...”
- “No. Neighbors are neighbors. You never know to expect from them”.
- “If I had a choice, of course not”.

One of the psychological explanations of the denial is focused at the problem of prejudice and stereotypes in relation to something different. Fear of of “inferior people” and “people, who differ from others”, which is so typical for the society, readiness to avoid contact with those, who need continuous help (without any hope, that it’ll approximate the person to “our” norms) are very significant factors of subtraction and intolerant attitude.

Expressions of the Finnish respondents were not so categorical in comparison with Russian ones. But they admit people with mental disorders as neighbors, if they don’t make

noise, don't worry them, if they are not dangerous and not aggressive. It is very interesting that all Finnish respondents mentioned rare contacts with existing neighbors and uncertainty, whether they have some mental disorders or not:

- "You never can trust people, living near us".
- "There is a woman, who lives nearby. I think that she has some mental disorder, she behave herself strangely - she is very noisy, she listens to the music loudly, clank with dishes."
- "I had some problems with my neighbor. In the whole, she is good and kind, but I think something is not OK. I talked to her several times".

Russian families pay special attention to negative traits of the people, suffering from mental disorders, at that they rely on the stories, heard at second hand.

- "They have foibles in spring and in autumn. I know one case...such mentally sick person ...he bit his neighbor with a hummer."
- "In my childhood I was scarified with one man, who lived in our village...he was mad. That's why I am afraid of such people".
- "I don't know the extent of such disorders. I have children."

Stereotypes of people with mental disorders, which might be formed in the childhood, become stable (very often unconsciously) in the process of everyday social interactions. So, subconscious fear, expressed by the Russian respondents, is a main reason of any stigmatization. Stereotypes simplify rejection of the person, so stigmatization keeps social distance.

Respondents' speeches confirm that stereotypical concepts and generalization of people with mental disorders are expressed because of lack of knowledge and information:

- "Psycho -that is all".
- "Idiot, defective, retard" - that is what people always say".

Besides words, determining people with different mental disorders, play role of stigmatization ("idiot", "schizo", "psycho", "oligophrenic" etc), such words are often used by the Russian people, especially in the moment of emotional stress, as a curse or insult. These terms, used for centuries, are considered to be incorrect now because of its usage in humiliating-estimating sense in the speech of "normal" people.

Changes of the state social policy of the both countries in relation to the persons with mental disorders required realization of a certain language reform: introduction and promotion of new vocabulary.

A question "How to call people with mental disorders and remain correct and tolerant in relation to them" rose difficulties among the Russian families.

- "Schizo" - is rude, it comes from the word "schizophrenia." They should be called by some

other word. And how...(pause). I can't even say.

- "I think that such term hasn't been invented yet. May be "Down". But it seems to me, it is not very good term. Even though, the word "schizo" is worse."

- "People with mental disorders.....(pause) I don't know how to call them. Perhaps "mentally ill", but I am not sure whether it is correct and tolerant or not."

- "Underdeveloped people...no. I don't know how to call them. We should invent some inoffensive word, we should invent a special term." Respondents demonstrate extremely low awareness in the sphere of mental health, trying to find inoffensive definition for people with mental disorders. Offered terms "with mental disorders", "mentally ill", which according to the one respondents are rather socially acceptable, also have negative connotation.

Respondents from the Finnish families tried to find more suitable term: But almost all respondents doubted whether such term will be considered correct and tolerant in the society.

- "We should respect such people, the term shouldn't offend them".

- "Sometimes they are called crazy, it is not OK". I don't know how to call them - people with mental problems".

We noticed cautiousness in the speech of respondents, there were many pauses, people tried to demonstrate social desirability, searching for tolerant word for people with mental disorders:

- "I don't know, I really don't know, I am so far from this sphere..."

- "It is very difficult for me to judge what is right and what is wrong...In the Finnish language we have a word **mielenterveyskuntoutuja**. This word allows to determine a person with mental problems, but who retrieves treatment, who tries to heal."

- "Some stupid things take place today in Finland. Every action, every thing, which may be understood has its own imperceptible, intangible interpretation. The same way be told about diseases. If you have a headache, why shouldn't you call it "Headache", why should you invent different terms?"

Almost all the thoughts and suggestions of the respondents may be united by the same term: "mentally sick people".

Russian and Finnish families have contradictory opinions about psychiatrists and psychotherapy in the whole. During the analysis we didn't manage to generalize attitude to the specialists, working in the mental health services. Opinions of the parents were very different:

Parents from the Russian families:

- "If we need his assistance, why not..."

- "Nowadays we have such a life, the society really needs psychiatrists".

- "It is a need to go to the psychiatrist".

- "I am very cautious with them, but still my opinion is positive".

- “At first I would think the problem over, and then make a decision whether to go to the psychiatrist or not”.

Parents from the Finnish families:

- “If I or members of my Family will have such a need, of course, we will go to the psychiatrist”.
- “I really respect psychiatrists. I think that many people are ashamed to go to the psychiatrist, but not me”.
- “I would be very worried if someone from my family or I needed help of psychiatrist. It means that members of my family have mental disorders. It is very serious and stressful, because it is not normal.”
- I think that people in Finland are afraid to go to the psychiatrist. It means that they have mental disorder. If I was recommended to go to the psychiatrist, I would think it over, and only then make a decision.”

Variety of the opinions is explained by the lack of the experience of visiting the psychiatrist. It is evident, that parent who evaluated psychiatrists positively, expressed public opinion more than their own.

As a rule Russian families think that mental disorder is something cureless, something with very serious symptoms. There are many doubts concerning medical treatment:

- “Perhaps pill may help, but not cure”.
- “It is very difficult to say. It should help to some extent.”
- “Treatment may help only in critical situations”.
- “Clinics provide help for children and grownups, having mental disorders”. I don’t know whether such treatment is effective or not.”

Stigmatization, prejudice concerning existence of the mental disorder is a reason for additional suffers of such people. They prevent their inclusion to the social life, deteriorate social adaptation. Families, having members with mental disorders, also suffers from stigmatization even more then from the symptoms of the disorder of their child. Studying mental disorders though the model of disability (Shulamit 1999), it becomes clear that problems of the normal living activity are connected not only with existence of certain defects, but with attitude to them, which exists in the society. That is why the role of society into the change of attitude to such group of people is very significant.

Expressions of the parents from the Finnish families concerning the people with mental disorders are more or less optimistic. Respondents believe into the efficiency of traditional medicine and positive effect of medical treatment at the quality of life of the patients and their environment:

- “Nowadays there are very many medications. They may help to avoid attacks, provide long-term remissions”.
- “Treatment may be very effective, activity of the brain may be stimulated, or otherwise suppressed. Sometimes it is the only way to support the person and quality of his life”.
- “I think that pills may help very effectively. They facilitate life of the patient”.

It should be noticed that Finnish respondents are informed about potential talents of the people with mental disorders. In the course of the interviews respondents mention creative capabilities of such people:

- «A person with mental problems could be a genius. Former guitarist Miikka Tenkula from the band Sentenced was a good example. He made a brilliant music, but also had very big mental problems».
- “Many people with mental problems are unique and talented. As far as I know many great artists had mental disorders”.

Integrative approaches to the education, based at the ideas of equality and equal rights, are widely spread in the practice of the Western countries. Nowadays more than half of the children with special educational needs are integrated (partially or in full) into the classes with normally developed children (Sovalainen 2009). Recently Russian Federation struggled for organization of special educational institutions, and now it is considered that placement of the untypical child to the special school is considered to be a breach of his rights and “marking with a social label”.

In the course of the interview with parents we asked a question concerning possibility of children with mental disorders to be integrated to the environment of normal counterparts as well as possibility of their education with normally developed children.

Among the Russian respondents the only positive moment of integrated education is connected with a possibility of successful adaptation of the children with mental disorders in the society. And in the whole, the answers were negative and based at the non-admission by the children environment:

- “Children will humiliate them, they will laugh at them.”
- “Nowadays children are very cruel. They won’t admit such a child”.
- “Children won’t be tolerant to the sick child”.
- “Such child needs additional care”.

But the major part of the Finnish respondents has positive opinion about the inclusive education:

- “I think that there are more advantages in such education than the drawbacks”.

- "I don't think that education of a child with mental disorders in one class with my child will have some negative effect. I am far more afraid of his communication with people, suffering from drug or alcohol addiction".
- "It is very good when children without problems help children with problems".
- "Normal pupils should be with them and see such children, and children should be in normal standard environment and receive support from normally developing children".

But Finnish respondents agree that inclusive education is possible only in case of existence of additional resources - teachers' assistants, specially educated people for individual accompanying of such children, special technical possibilities. Finnish educational reform concerning inclusion of the children with special educational needs to the general educational institutions were fulfilled in several stages, beginning in 1968 (Halinen & Jarvinen 2008), that is why inclusion in education is understood and adequately estimated by the Finnish respondents.

Some people remind of the position of such children 25 years before:

- "25 years before there were special classes in normal schools, where children with mental disorders were educated. But such class fell out of the school life, it was an outsider, other classes humiliated it. Now the situation is better, because many schools and classes have such children".

Unfortunately, the situation when otherness of the child with mental disorders is apprehended by the society as inferiority, this trend still exists in the Russian society. Characteristics of such children are considered to be unwilling, as a trait of social inadequacy.

Russian respondents consider that it would be more comfortable for the child to be among the children with the same problems. Prospective of integration is criticized and discussed:

- "There are special institutions where such children are treated and educated according to their development level. There is a special approach. Besides, as far as I know in such institutions deviations from the general educational mode are allowed. For example, to go to the school at 9 years old, not at 7".
- "It is better for such children to be in special school. There is individual approach there. Special programs are developed for such children".
- "In case of standard education such a child will always lack behind".

Giving arguments concerning advantages of special education for the children with mental disorders, parents demonstrate concealed preference of social exclusion from the major part of the school children.

So, children, having normally developing children both in Russia and Finland, are enough informed about the mental health and in the whole demonstrate (as a rule) negative attitude to people with mental disorders. Despite the contradictory concepts concerning reasons of

deviations in mental health (biological and social models), patients of mental services are considered to be alien for the Finnish respondents and dangerous for the Russian respondents. Interactions with such people is considered to be unwilling according to all members of the investigation. Prepossession to people with mental disorders is expressed in avoidance of the contacts and keeping distance from such people. Besides knowledge about negative attitude to such people excites pity and empathy, as well as a will to help from the part of the Finnish respondents. But when it is required to make a personal social choice, respondents feel uncomfortable, they are afraid, and if there is an alternative, they prefer to avoid contacts with people, suffering from mental disorders. Among the Russian respondents stigmatization of the people with mental disorders is highly expressed in verbal form (usage of incorrect and intolerant terms).

Supposing negative attitude to the children with mental disorders from the part of healthy children, ideas of integration to the standard educational system are not supported by the parents from the Russian families. Opinions of the Finnish families are more based at the principle, that all people have rights in developing as human beings and contributing members of society.

Formed concepts about the people with mental disorders, fear and vigilance obstruct contacts with them from the part of the responds from the both countries. But the Finnish families demonstrate more social desirability - their expressions are less categorical.

3.3. Approaches of Russian and Finnish families to the softening of stigmatizing concepts in relation to people with mental disorders.

Nowadays there is an opinion (Finzen2001), that it is very difficult to achieve large-scale destigmatization of the society. The works connected with softening of stigmatization should be performed at many levels and be based both at the investigations and researches, and practical work.

Studying different approaches to the softening of stigma in relation to people with mental disorders, particularly, to children with deviations in mental development, we managed to find some tendencies.

Penn (1994) in his research works, dedicated to destigmatization, emphasized positive role of personal contacts for the persons, having mental disorders. According to the author, increase of contacts with them leads to the less critical attitude. In the course of the interview with parents, having normally developing children, I touched the theme concerning possibility of communication or friendship of their children with counterparts, having mental disorders.

Hypothesis of stigma softening through the personal contacts between children is supported by the Finnish families, some parent have really positive opinion concerning it:

- "There are no problems, children with mental disorders are also human beings, my children might communicate and admit them".
- "I think that such friendship would have a positive affect at my child, and my child would help such a child to overcome difficulties at least to some extent, and feel himself a part of the society".
- «I think that there will more advantages, than disadvantages. My kids will learn to accept different kind of people and that friend of my kids will learn something from them».

But still above specified answers may speak about social desirability of the respondents. Research works of Aromaa & Tolvanen (2011) attract attention to the fact that people tend to reduce their stigmatizing concepts and attitude in comparison with their real behavior.

Parents from the Russian families expressed negative attitude concerning communication of their children with counterparts, having mental disorders:

- "Of course not, I am against. I think that my children might never be friends with such children. And if we speak just about communication, so...everything depends on deviations, which such a person has...But still it is not safe to be near him."
- "Communication...may be yes. Friendship - I don't know."
- "If my children communicate with such children, they could do it only in my presence. Such people with mental disorders often hear voices, it is not safe."

Families demonstrate stability of stereotypes concerning mental disorders and unwillingness to contact with such people.

Concerning the question on the problem of change of the public attitude to people with mental disorders Finnish families, having normally developing children, emphasized the role of informational propaganda:

- It is possible! "Think less, know more!" That is a good advice for every one of us!
- "In Finland such people are talked about a lot, there are many films about their life, different TV programs".
- "People with mental problems very often live near normal ones, even though in special institutions. The walk, do the shopping in the same district. That's why the attitude has become better."

Major part of the Russian respondents was puzzled with this question:

- "Which ways? (pause) which ways...so...I don't know how to answer".
- "(pause)...may the other way to bring up the same children".

Concepts, which were actively formed in the process of their own search of the answers, made the Russian parents return (again) to the children. It is interesting that parents, demonstrating reduced tolerance to people with mental disorders and having negative attitude to the hypothetical friendship with their children, even though wish their children to have empathy and tolerance:

- “Perhaps, children should communicate with children with mental disorders. In this case they would know everything about such people, their attitude will be better. Maybe it will help to teach normal humane relation.”
- “We should do something to make people more loyal initially”.

It means, that parents unconsciously understand that they are stigmatizers and try to solve that problem for their children, projecting at them their desirable character traits, as they understand that rules, existing in the world, are changing and it may become their first step to the humanness. But still they can hardly imagine their role in the formation of their children’s tolerant attitude. Parents don’t express their thoughts in the first person. Social distancing from the problem remains very stable.

Studying the reduction of stigma, we also referred to the opinion of the families, bringing up children with mental development deviations. In major part of the cases attitude of the Russian respondents of this group is paid to the linguistic interference, i.e. verbal disrespect to them.

Concerning the terminology in relation to their children, having mental disorders, parents prefer the term “special child” instead of official “children with disabilities”, as they consider that the special term has a discrediting meaning:

- “I don’t know. Perhaps “special child” shall be a more tolerant term, or may be “special needs child”. At least, term “children with disabilities” sounds rude. It supposes that their abilities and opportunities are limited. And we should create the opportunities, so the number of such children will be decreased.”

History of change of the diagnosis name for the persons with mental disorders show that in course of time new term acquires negative connotation and becomes discriminating. But still the effect of the change is desirable, even though it is temporary. The goal of the linguistic interference is the attraction of people to the discussion of values as a means of concept shift speed-up.

Formation of the “politically correct language” induces people, having stigmatizing concepts, to join destigmatizing ones, as it triggers more emotions (for example, useful sense of guilt) from the part of some people and have some positive result.

At the same time parents from the Finnish families are disturbed with indifference of the social environment in relation to the people with mental disorders. So in the interviews respondents talk about the lack of interest from the part of the society to the information, broadcast in media:

- "If people or members of their families don't have mental disorders, they don't need information about mental disorders, about way of life of such people. They don't need it, they are not interested in it".
- "Nowadays everybody thinks only about money, but we should think about attitude to people, we should think how we can help sick people, take care of weak people. We should change people's state of mind".
- "There are special institutions, where people with mental disorders live. People, who live in such institutions want to make sign boards, informing that they are not crazy. Normal people keep away from them, because they are afraid of them. And they are afraid, because they don't know their problems. People should be united in some way".

Russian families bringing up children with mental disorders emphasize education of tolerance. According to them, the work, aimed at reduction of stigmatization, shall be performed, first of all, in children's society. According to parents, most effective measure for education of tolerance is acquaintance with untypical children:

- "Children should be informed about this problem since the early childhood. They should be brought to the boarding schools to see such children. It should be done until stereotypes are formed."
- "May be some periodical events should be organized. Different promotional events. So children would have an opportunity to get acquainted and understand such children. Parents of healthy children should also see them, get acquainted with them. There should be some kind of propaganda".
- "May be grown-up are able to understand everything by themselves, but children should be brought to the boarding schools to see such children."

Desperation of the parents and inability to affect the situation facilitate the solution: "Children should see and understand such children".

According to Dubitskaya (2009) another important direction of work, aimed at the reduction of the stigmatizing influence -reduction of stigmatization development, i.e. assistance to the patients with mental disorders and their relatives. Usage of such technologies as empowerment, social practice, strength-based social work will promote reformation of conscious, adaptation to the fact of mental disease and reduction of self-stigmatization development. It is considered to be relevant to organize support groups for the relatives for the elaboration of adequate attitude to the patients with mental disorders, increase of psychiatric competence and studying of their own

problems, particularly, sense of guilt in relation to the patient and aggression in relation to the society.

Finnish families were undecided concerning efficiency of the anti-stigmatizing effect. According to them existence of positive informational background in relation to people with mental disorders make them to turn a blind eye to such people, make them more benevolent externally, but don't exclude their stigmatizing concepts.

And the Russian families consider that social advertising and media is the most effective means for the reduction of stigma.

- "Media- is the main thing. There should be a special program for support of children with mental diseases".

- "Special banners shall be installed in the city. They will show that such people exist".

Today media is a main source of information on psychiatry and people with mental disorders for the majority of the people. They promotes formation and re-enforcement of stereotype concepts, reflect positive and negative traits of psychiatry both in the whole and its patients, attract public attention to the society. Unfortunately, there is a small number of works in modern Russian literature, as well as small number of programs on TV concerning this problem.

Popularization of scientific achievements in the sphere of psychiatry and psychotherapy, competently formed messages concerning coping with symptoms, successful adaptation and achievements (similarly to the programs on disabled people with physical diseases) might become a significant impact of mass-media into the struggle with stigmatization.

In psychiatry working with stigma supposes change of structure of the psychiatric assistance, foundation of alternative treatment facilities. This point of view is approved by all families, taken part in the research.

- "Rehabilitation clinics shall be opened".

- "Maybe we should unite mental health clinics with clinics of the general type, so people would be able to understand that mental diseases - are diseases, which require treatment, these people are not crazy at all".

- "More different treatment centers shall be opened".

As it was specified in previous chapter, that image of the mental health services is highly important for self-stigmatization of the families, bringing up children with mental disorders. First of all it is consisted of interconnection between the psychiatrist and organization of the assistance in the whole. That's why change of mentality of both psychiatrists and specialists providing assistance to the patients and their families, are extremely significant. Initial stage of contact with the patient is considered to be the most important. Interviews with the Russian families, bringing up children with mental disorders, make it clear that the child is a reflection of

the diagnosis of the doctor, object of medical treatment schemes. Parents of the child are not perceived as equal partners, they are considered only as an object. Further attitude to the treatment, as well as perception of the position of stigmatized families depends on interconnections, existing between the families and specialists of mental health services.

Anti-stigmatizing promotion shall be based at cultural values, and general humanization of the society may become its basis. According to the research of Rahman Haghighat (2001 p.211), negative concepts in relation to vulnerable populations are partially connected with the character of political system and include civil liberties, social equity, which reflects quality of education and emotional stability in the families. "Society, based at warm and close relations, not at the supremacy and power, needs less into the pursuit of own interests and stigmatization". And conversely in conditions of high competition discrimination appears due to the fact that stigmatized people are considered to be more threat to the own interests and are rejected by the society. Attitude of the state to the scale and significance of the competition between individuals, presumably, influence at the concepts of people and vice versa. Equal non-competitive terms which encourage joint interdependence of people for the purpose of the higher level - reward of the whole society - reduce inter-group hostility and prepossession.

In one of the interviews, Family from Russia, bringing up a child with mental disorder, told us about changes of the daughter's behavior after the return from the trip abroad:

- "When we returned from the Egypt for the first time, daughter was shocked. Nobody in Arkhangelsk came to her, waved with hand, kissed. She was sitting in the cafe and saw that nobody paid attention to her. She was sitting and shouting "Hey...!" She wanted to attract attention".

Above mentioned example shows that children with mental disorders require love and attention not only from the parts of their relatives, they require to be admitted from the part of the society.

So, the process of destigmatization is turned to be very complex and intricate problem. Settlement of the problem of destigmatization belongs to the social-cultural sphere and requires usage of different methodological approaches for the formation of new image of people with mental disorders.

From the point of view of the families, understanding the importance of public attitude to the people with mental disorders, anti-stigmatizing measures, aimed at the children's community, are considered to be the most efficient.

Besides, program on anti-stigmatization of the children with mental disorders and their parents shall include the following:

- ❖ linguistic interference;

- ❖ targeted orientation at the formation of partner relations, constructive interconnection with clients in collaboration with specialists of mental health services, specialists of educational facilities, organizations, providing social assistance;
- ❖ increase of mental competence of the relatives, development of skills for coping and control of family stress;
- ❖ activization of cooperation between educational facilities and social communities (first of all - families of the pupil);
- ❖ extension of the net of organization, providing psychological and educational, as well as medical and social assistance;
- ❖ increase of health communication by means of mass media;
- ❖ activization of the families (empowerment technology), attraction of public attention to the problem of stigmatization, their involvement into the activity concerning provision of their rights and liberties;
- ❖ foundation of alternative treatment facilities, providing assistance to the people with mental disorders.

FINDINGS

Stigmatization of people with mental disorders is a complex phenomenon, in which we may stand out certain aspects, conditioned by different psychological and social mechanisms, which lead to the discrimination and exclusion.

Into the families, bringing up children with mental disorders in Russia and Finland, demonstration of the mental disease of the child lead to complication of interfamilial relations and mental traumatization of the parents, connected with the sense of guilt in relation to the child, as well as with negative segregation of the parents and stigmatization on the part of the society, which begin in the moment when the deviations of the child's development are discovered.

Families, bringing up children with mental disorders, may be characterized with the process of self-stigmatization, which is exerted by the growth of parents' neurotization level and avoidance and refusal from contacts with the social environment.

Existence of stigmatization in relation to the Russian families, bringing up children with mental disorders, is also determined from the part of the professional community: doctors, teachers, social workers.

Russian and Finnish families, bringing up children with mental disorders, being stigmatized from the part of the society, also demonstrate stigmatizing behavior in relation to people with mental disorders, perceiving them as unpredictable, dangerous, vulnerable members of the society. Among the Russian respondents there are also stigmatizing concepts in relation to other vulnerable groups.

Integrated education of the child with mental disorders in common secondary school is perceived dubiously both by Russian and Finnish respondents. Voting for inclusive educations, in real life families tend to educate their children in special institutions, considering common educational facilities as additional factor of their stigmatization.

Families, bringing up normal children, both in Russia and in Finland, also demonstrate stigmatizing concepts in relation to people with mental disorders. But some differences were determined, they are the following: Russian respondents characterize them as dangerous,

stigmatization is demonstrated by intolerant expressions in relation to such people. Finnish respondents tend to show social desirability and tolerance in relation to this category of people, but in case of alternative possibility they prefer also not to have contact with them.

Struggle with stigmatization in relation of people with mental disorders and their relatives supposes systematic approach, including such components, which will promote formation of new image of the people with mental disorder - attraction of attention from the part of the state and society to the problem of stigmatization, linguistic interference, building of partnership relations with specialists of mental health services, educational institutions, organizations, providing social assistance etc, increase of educational work by means of mass media, involvement of the family to the activity concerning provision of rights and liberties of people with mental disorders, increase of literacy level in the sphere of mental disorders.

CONCLUSION

Special interest to the family, bringing up a child with mental disorder, is connected with changes, taking place during the last decades in the field of humanization of the attitude to mental disorder all over the world. Nowadays social policy of many countries promotes integration in relation to the people with mental disorders, which is based at the ideas of equality. But society very often is inert and prevents social integration of such people. At that separation of people for normal and abnormal is based not at the objective facts, but at negative stereotypes, existing in the society.

Very often negative attitude to the people with mental disorders is connected with stigma. Undertaken study showed that stigmatization in relation to the family, bringing up a child with mental disorders both in Russia and Finland is expressed in different spheres of their life activity, have negative impact at the dynamics of inter-familial relations, communication with micro society - relatives, friends, acquaintances. Unusual behavior of the child, expression of his “strangeness” very often provokes fears from the part of other people. All these facts detach families from the social environment, promotes their self-stigmatization.

Demonstration of stigmatization to the greater extent may be traced in the Russian families during their interconnections with professional community -specialists of the medical health services, social services and educational institutions. Usage of intolerant expressions in relation to the child with mental disorders in the presence of his parents, negligence of the family interest, blocking of the achievement of an important goal, such as resumption of the mental health, is a reason of aggressive attitude and negative estimation from the part of the family in relation to the specialists.

Changes have being taken place in the sphere of special (correction) education recently. Close attention is focused at values of social inclusion, principles of equality and integration of children with mental disorders.

Special attention shall be paid to the Finnish education system, which is highly estimated all over the world, it provides high educational standards, positive results, availability for all citizens, as well as variative teaching methods for pupils with special educational needs. Today's integrated learning arrangements in Finland include more than half of all the students who have been identified as having special educational needs (Hirvonen 2011). There are two opportunities there: children with mental disorder may attend general common school together with normal children, where they are provided with assistance of specially educated personnel; or they may attend special educational facilities. Existence of such an alternative gives the children an opportunity to find optimal solution for the education of the children, as well as to decrease the level of stigmatization.

Research of relation of the Russian families to the inclusive education and their experience in the context of stigmatization problem educed social difficulties, expressed in widely-spread stereotypes and prejudices, creating serious barriers for the integration of the children with mental disorders in general educational stream. Maladjustment of the general educational environment for such difficult children complicates satisfaction of their social needs, During the research were found difficulties in admittance of children with mental disorders both in formal relation system “teacher-child” and informal one, i.e. connected with the relations of the child with his counterparts.

Undoubtedly stigmatization prevents normal functioning of the family, bringing up the child with mental disorders. Softening of stigmatization attitude to the people with mental illness is one of the most significant goals in the modern world. Efforts of the public organizations and state structures to reduce marginalization processes of this category of people shall be accompanied with efficient approaches to the realization of programs, implementation of different initiatives against stigmatization in professional communities, organization of social campaigns, support of public organizations, activization of mass media etc.

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